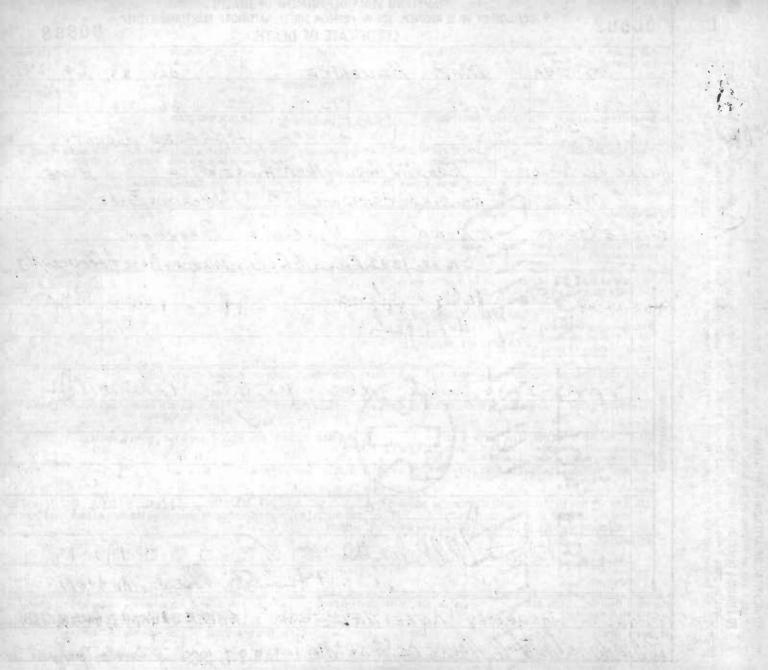
| A . | 1 | MAKICAND STATE DEPARTMENT OF HEALTH, | |
|--|---------------|--|------|
| | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| | | CERTIFICATE OF DEATH | |
| -74 | | DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOU | R |
| er deam. funeral 1 and 2 | 1 | (rype or print) | AA |
| | 3. 5 | TOTAL TOTAL TOTAL TO TOTAL TO TOTAL TO TOTAL TO TOTAL | - M |
| afte he date | | J. DALE OF DIKTII | AIN. |
| - 5 Tale | 70 | | |
| 10 C S. T | cou | untry) A MEYER MARKIEU NEVER MARKIEU | |
| within 24 hours after ely filled in by-the fuban papers. Pages 1 | | | Md. |
| 语 真 d / / | 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Agive street pddress) 12b. KIND OF BUSINESS OR Agive street pddress) | |
| equires that the death certificate be executed within 24 physician. Signed by the attending physician and coppletely filled burial-transit permit. Then please remave carban pape burial, cremation, ar remaval, and in any event, within | F | 1AVIE de Orace Hartord Nem. Hosp. Funeral Director Funeral | |
| car | 130 | 136. STREET AND NUMBER | |
| executed complete com | Ouit | nission) STATE Md 136 COUNTY FORD FAILSTON YES NO 203 CONNOLL Rd | |
| au du | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost | - |
| 0 2 0 | | Walter H. Archer Loretta Standiford (D) | |
| ertificate b physician nen please iaval, and i | 160 | D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address | |
| ificc ysi ol, | | Yes, Tesunknown) (If yes quive wor or dollers of service) 214-16-9524 Walter H. Archer, Benson, Maryland 21018 | į. |
| p pł her | - | | _ |
| at the death cer the attending p asit permit. The mation, ar rema | | PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND OEATH | |
| lend mit ar | | IMMEDIATE CAUSE (o) / Upo Carriera outar Cur | |
| he death attendir permit. ion, ar re | 1 | DUE TO, OR AS A CONSEQUENCE OF | |
| the the mate | | Conditions, if dry, which gove rise to immediate couse (o). (b) (b) (b) | |
| tho an. by ran | | stating the underlying course DUE TO, OR/AS A CONSEQUENCE OF | |
| sici sici al- | | lost. (c) Urlivio schrifte Heart Disease | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician. NIRECTOR: After this certificate has been signed by the attending physician e. 3 shauld be detached for use as the burial-transit permit. Then please as with the State Dept. af Health priar ta burial, cremation, ar remaval, and in | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| ng en tal | 2 | | |
| ndi ndi s the | A S | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING | _ |
| The atte | CERTIFICATION | YES NO X CAUSES OF DEATH? | |
| the or us | E | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) | _ |
| fice for the first | ਤ | OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor | |
| SSPI Sert Teert T. d | MEDICAL | (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State | |
| OR ATTENDING PHYSICIAN: The law rube retained by the hospital or attending SIRECTOR: After this certificate has been le 3 shauld be detached for use as the ed with the State Dept. af Health priar ta | | While Not while OFFICE BUILDING, ETC. | |
| te de t | | 22a. I certify that (I) (this haspital) attended the deceased from 1964, to 1964, to 1964, that (I) (we) losaw the deceased alive an 1964, and that in (my) (our) apinion death occurred on the date and hour ond from to courses stoted obove, (I) (we) (did) (did not) view the body ofter death. | _ |
| by by Affee Sto | | 220. I certify that (I) (this haspital) attended the deceased from 1964, to 1-18, 1964, that (I) (we) la | ast |
| R. EN | | couses stated above (1) (we) (did) (did not) view the body after death | ne |
| Sho Sho | | 226. DATE SIGNED | _ |
| N S S S S S S S S S S S S S S S S S S S | | ATTENDING TO MED. STAFF | |
| y b b b b b b b b b b b b b b b b b b b | | 22d. PHYSICIAN'S 22e. ADDRESS 2 | _ |
| RAI Pe | 13 | NAME (Type) ANTE n. MONAKIL, M.D. 211 N. Union Ave, Havre de Gray, U.S. | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR. After this certificate has been adjrector, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to | 22 | | = |
| A Bage | 230. | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 21 Jan. 69 Mountain Christian Church Joppa. Harford Marylan | |
| 5-5-5 | 04 | | d |
| VR WIX | 1 | FUNERAL DIRECTOR And January Address 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arring Funeral Home, Aberdeen, May 21001. Date JAN 2 1 1969 Clearly Judge | |
| 45M V 1/69 | T | arring Funeral Home, Aberdeen, Ma. 21001 DATE JAN 2 1 1969 Charles Judge | |

CHARLES WAS THE REST WITCH WITCH WHITE WHITE THE TANK IN THE PARTY. Ruther E. Arching Total The State of the State of the State of the Archor, Sugger, saryland Sking Palets and Journal State Control Control Control South State of the St The second secon

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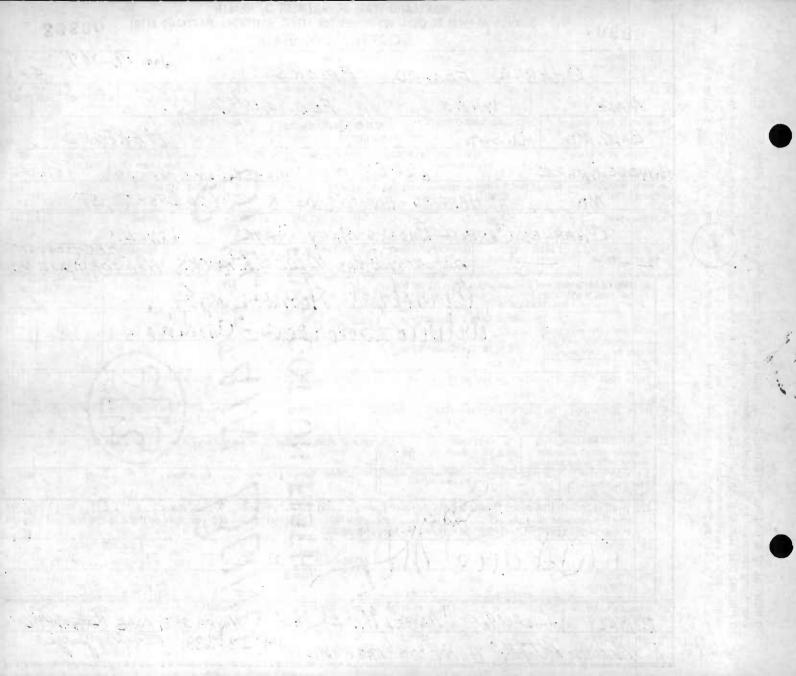
MARYLAND STATE DEPARTMENT OF HEALTH

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| Jan . | | 0000 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BA | LTIMORE, MARYLAND 21201 | 00902 |
| 0 1 | | 00907 | | CERTIFICATE OF DEATH | | 0030% |
| 2 8 2 | 1. D | CEASED-NAME First | Middle | Last | 2a. DATE OF DEATH JAN. | 7. 1969 2b. HOUR |
| and and and | | | | BROOKS | Momin Dd | Year SA. M |
| er deat funeral 1 and er deat | 3. SI | | RLE EDWARD | S. DATE OF BIRTH | 4 ACE (In | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| offer of the state | 3. 31 | AGA | 4. RACE | | 6. AGE (In years last birthday) | MONTHS DAYS HOURS MIN |
| rs aft the Pages rrs aft | | MALE | WHILE | FEB. 10, | | |
| hours after death. in by the funeral rs. Pages I and 2 thours after death. | 7a. | BIRTHPLACE (State or fareign (State) BALTO, Mb. | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED 🔀 NEVER MARRIED 🗌 | 9. COUNTY OF DEATH | 200 |
| illed in popers. | - | | U.S.A. | WIDOWED DIVORCED | ITAK | FORD Md. |
| filled pope | 10. | CITY OR TOWN OF DEATH | -ius standa adda as | NSTITUTION (If nat in haspital 12a. U | SUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR |
| ed with | 14 | YREDE GRACE | give street address /62 | OUTSEGUSI GA | mast of warking life, even if retired.) | INDUSTRY RETIRED |
| omplete ve carl | | | ed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CI | Y LIMITS? 13e. STREET AND NUMBER | |
| cute ve eve | aam | issian) STATE MD. | 13b. COUNTY HARFORD | HANGE DECEPAGE YES A | NO 620 CTSEGO | 0,57 |
| executions and compared to the | 14. | ATHER'S NAME First | Middle Last | IS. MOTHER'S MAIDEN NAM | First Middle | Last |
| e e | | CHARL | ES CARROLL BRU | OOKS MARY JAI | VE A'RNOL | 10 |
| riction of and in | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 16b. SOCIAL SECURITY | NO. 4 17. INFORMANT | Address / | 2007SEG-051 |
| |) | es, na, or unknown) (If yes give v | var or dates of service) 252-32- | 9903 MRS. NELLE S | DODOKS HAVE | EDE GRACE ND. |
| h certii ing phy Then emove | | 10 CARRE OF DEATH (Enter on | ly ane cause per line (a), (b), and (c | | 1 | APPROXIMATE INTERVAL |
| th ding | | PART I, DEATH WAS CAUSE | D BY: | "In al Dema | in land | BETWEEN ONSET AND DEATH |
| e death attendii on, ar re | | 11210 IMMEDIA | ATE CAUSE (a) | Dia Trino | vneg - | |
| pe at tion | | Canditians, if any, which gave) | DUE TO, OR A CONSEQUENCE OF | - Falan Daya | - Candina | |
| at the the nsit p | | rise ta immediate cause (a), | (b) WWW | 2 STEPLOW | - Cultury - | |
| tha by tran crer | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | F | | |
| equires that the physician. Signed by the burial-transit burial, cremath | | last. | (c) | | | |
| phy sign bur bur | | PART 2. OTHER SIGNIFICANT CON | IDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE (| OR CONDITION GIVEN IN PART 1(a) | |
| ing ing the | N. | | | | | |
| YSICIAN: The law raspital or attending certificate has been hed far use as the st. of Health priar to | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS P | | 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| The hat X | ZIE | | | YES NO | CAUSES OF DEATHY | |
| or ate | | 21a. ACCIDENT WAS UNDERLYIN | | | nter nature of injury in Part 1 or Part 2, | Item 18.) |
| afficial and a state of the sta | MEDICAL | OR CONTRIBUTING CAUSE OF DEAT | | 19 | | |
| cer che | ME | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME, FARM, STREET, F | ACTORY.) 21f. LOCATION Street ar R.F.D. | Na. City or Town | Caunty State |
| this this eta De | | While Nat while at wark at wark | CHOPPLE BOILDING, ETC. | | | |
| After After be d State | | 22a. I certify that (I) (th | is haspital) attended the decea | sed from MAY 15, 19 | 68, to JAN 19 , 19 | 69 , that (1) (we) lost |
| d b d b d b e Si e | | saw the deceased a | live on AND | sed from MAY /5 , 19 19 7 , and that in (my) (our) (| pinian death occurred on the de | ate and hour and from the |
| OS de la company | 1 | causes stated obey | (did) (did not) view the | body after death. | | |
| retor Park William | 1 | 22b. SIGNATURE | () h | ATTENDING IN | MED. STAFF 22c. | DATE SIGNED |
| be 3 | | 1 XX | CAMP IN | DEGREE PHYS. | DIRECTOR PHYS. | N.20,1969 |
| AL CO | | 22d. PHYSICIAN'S | 1 5 1 5 | 220 ADDRESS | | - 11 |
| SPII 4 m d b | | NAME (Type) /4 - / | ·LEWIS M.D | NA. | ME DEGRACE | MO |
| Page 4 may be retained by the haspital or attending physician. For EUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Gruneral page 3 should be detached for use as the burial-transit permit. Then plage remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within Ethours after death | 23a | BURIAL, CREMATION, 23b. | DATE 23c. NAME OF | F CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |
| 5 5 5 P | | | N.21/969 ANG | ELHILL EM. | HAVREBEGRACE | HARFERDAND |
| VR A 3(4) | 24. | FUNERAL DIRECTOR | ADDRES | // At AAI | BIOREGISTRAS CO 256. PERSTEAR | 1 GNATURE AGE |
| 30M REV. 1 AB | 1/ | · Illaduson Ith | ICALLY HAVRE DE | STACE IND. DATE | 1 0000 | 0 |



| TO THE RESIDENCE OF THE PARTY O | 1 | | | | | EPAKIMENI (| | | | | |
|--|--|--|--------------------------|----------------------------|----------------|----------------------|-------------------|--------------------|------------------|--------------------------|-----------------|
| / | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0903 | | | | | | | | | | |
| | | 00908 | | _ | CERTIFICA | TE OF DEAT | H | | 000 | UO | |
| 4 2 4 | | CEASED-NAME / First | , | Middle | | Lost | 20. DA | IE OF DEATH | | | 2b. HOUR |
| offer death. The funeral ges I and 2 after death. | (| ype or print) | lia | 6 | (0 | | 7 | NUARY | Doy O | Yeor / | -45 |
| fune fune for der | 3. 5 | 1/2/ | 112 | | - | ASE | 11 | | 8 | 64 | 9 A M |
| e f | 3. 3 | 1 1 | 4. RACE | 11/2 | 5 | DATE OF BIRTH | | 6. AGE (In) | reors IF UN | | F UNOER 24 HRS. |
| 1000 | | TEMALE | | WhILE | | Tek. 20 | -188 | S lost bland | YRS. MUNIT | DATS | HOURS MIN |
| hours hours | 70. | SURTHPLACE (State or foreign | 7b. CITJZEN OF | WHAT COUNTRY? | 8. MADDIED | NEVER MARRIED | 9. COUNT | Y OF DEATH | | | |
| | 100 | true do Me | 11. | A | WITHERE | DIVORCED | | Mana | ~ / | | |
| in 24 filled in paper hin 72 | 10 (| ITY OR TOWN OF DEATH | 111 | NAME OF HOSPITAL OR INS | TITUTION /IC | | HEHAL OCCUPA | 745+3 | RO | | Md. |
| 量 军置66 | 1 | TO TOWN OF DEATH | | e/street gardress) / | , / | | | TION (Kind of wo | | b. KIND OF BE | USINESS OR |
| within within ban ban and ban | 14 | JURE & 6RAC | 75 H | ARHERO 14 | emsRIE | 7/ 1851 | ng most of wo | King inc, even ii | emed.) | DOJIKI | |
| cuted was carbete event, | 130. | USUAL RESIDENCE (Where deceos | ed lived, if instit | ution: Residence before | 13c. CITY OR T | OWN 150 INSIDE | CITY LIMITS? 13 | e. STREET AND NU | | | |
| to the sale | durs | ssion) STATE | 13b. COUNTY | HARLIE | HANDOS | OF YES | NO 🗌 | 140 ST. | Jaha | 1.87 | posen |
| exection of the contract of th | 14. | ATHER'S NAME First | Middle | lost | 15 | MOTHER'S MAIDEN NA | ME Fireto | | Aiddle | | Lost |
| an on in o | 1 | nilla | 1 | | | (1) | 11/1/2 | /// | muuig | | COSI |
| ate be | 140 | WAS DECEASED EVER IN U.S. ARM | ALD EODERES | This cocky economic | 0 117 016 | Kisaki | in Eo | Key , | 711 | - | |
| sici ple , a | | | var or dates of service) | 16b. SOCIAL SECURITY | (O. 17. IN | ORMANT | m | 534 | The Taf | Le as | rad |
| ohy sur | | -41 | 7 | uns | - /1 | leson E | March | 11 Oct | weter | ·Ua | |
| that the death certificate be executed within 24 an. by the attending physician and completely filled ransit permit. Then please remove carban pape cremation, or remaval, and in any event, within 7 | | 1B. CAUSE OF DEATH (Enter on | y one couse per | line (o), (b), and (c). | | | , | | 0 | APPROXIMA BETWEEN ONS | TE INTERVAL |
| ath it it it it it it is a second of the sec | | PART I. DEATH WAS CAUSED | D BY: | Wort | bulren | 2001 10 | ema | | - | 11/1 | APAAAA. |
| de de l'imi | | LID LI IMMEDIA | ATE CAUSE (o) | Carrier / | ent post | rong au | erinc | | | 900 | ucis_ |
| e a pe | | Conditions, if ony, which gove | | AS A CONSEQUENCE OF | 7 | | | | | 110 | 25 |
| th the sit | | rise to immediate couse (a). | (b) | ASEV | 0 | | | | | yeur | 23 |
| that the d an. by the att transit per | | stoting the underlying couse | DUE TO, OR | AS A CONSEQUENCE OF | | | | | (| 1 | |
| sici sici | | lost. | (c) | | | | | | | | |
| equires that tl physician. signed by the burial-transit burial, cremat | | PART 2. OTHER SIGNIFICANT COM | IDITIONS CONTRIB | UTING TO DEATH BUT NO | T RELATED TO 1 | HE TERMINAL DISEASE | OR CONDITION | GIVEN IN PART 16 | 1) | | |
| n s n a b | | | | | | | | | , | | |
| IAN: The low red of an attending ficate has been for use as the Health prior to | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR W | HICH OPERATION WAS PER | EUDWED | 20o. AUTOPSY? | In | b. IF YES. WERE FI | NDINGS CONCID | EDED IN CED | TIEVINO |
| as as pri | 2 | 170. DATE OF OTERATION 170. | CONDITION TOR W | THEIR OF EXAMINITY WAS TEN | TOKINED | | . 1 | USES OF DEATH? | מונמטט כטמוטמ | EKED IN CEK | HIFTING |
| Th at | RI | | | | | | 1 | | | | |
| integrated in the state of the | | 21o. ACCIDENT WAS UNDERLYIN | | | 21c. HOW | INJURY OCCURRED | Enter noture of | injury in Port 1 o | r Port 2, Item 1 | B.) | |
| office and the state of the sta | MEDICAL | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M | . Month Day Year . 19 | | | | | | | |
| DING PHYSICIAN: I by the haspital ar After this certificate be detached far u State Dept. af Heal | ME | 21d INTURY OCCUPRED 21e | PLACE OF INJURY | | | TION Street or R.F.D |). No. | City or Town | Cou | unty | Stote |
| PH e his | | While Not while | | OFFICE BUILDING, ETC. | | | | en j or totti | | , | 31010 |
| de de de | | at work of work | a bassis-IV as | and the least | 16 | - | 10 69 10 | 1.0 | 10 6 6 | 4 11 14 | |
| Affe by Str | | 220. I certify that (1) (this saw the deceased a | is nospital) at | tended the deceose | d from | - 6 | 19 <u>69</u> , to | 1-8 | | _, that (| l) (we) last |
| R: Uld | | saw the deceased a causes stated above | (I) (wa) (did |) (did not) view the h | adv after de | ath | opinion dec | ith occurred ar | i the date ar | nd haur ai | nd fram the |
| R ATTEND r retained the RECTOR: Aff 3 should the Silvery the Silve | | 22b. SIGNATURE | 7 (1) (We) (did | / (did not) view me i | day affer de | d111. | | | | | |
| OR ATTENDING be retained by the Street e 3 should be ded with the State | | 10.16 | moler | + MO | DEODEE | ATTENDING M | MED. | STAFF _ | 22c. DATE S | BILLINED | > |
| o de les | | and pure course | your | 1 PG | DEGREE | 11113. | DIRECTOR | PHYS. L | 1/6 | 169 | |
| AI AI Poo | | 22d. PHYSICIAN'S NAME (Type) | £ 11/. / | RIGOLEI | 7 | 22e. ADDRESS | 10 1 | 1/2 | 1/11 | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre | | | 1.00.00 | KI GULEI | / | New | u au | Gracy, | agg | | |
| B g g e | 230. | BURIAL CREMATION, 23b. [| DATE / | 23c. MAME OF C | EMETERY OR OR | EMATORY/) | 23d. LQ | ATION (City or To) | wn) //(Co | unty) | (Stote), |
| 550 P | 1 | REMOVAL (Specify) | 111/6 | 1 ang | 1/4 | ill | 1 | fone d | (The | u / | na |
| | 24. | FUNERAL DIRECTOR | 110 | ADDRESS | 1 | MA 250. REC | D BY REGISTR | AR 1000 REC | HETRAR'S SIGNA | TURE () | 109. |
| 450 15 (4) | 1 | 2 Junes | 2 11 | La Sens | de Cla | ~ 11/189 | MN 14 | 1969 | freeze | No Xero | 7 |
| .5 | 7 | | | The state of | | DATE . | 77 T T T T T T | | | U | |

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| | CEASED-NAME First | | JMiddle | Last | 20. | DATE OF DEATH | Day Van | 2b. HOUR |
|---------------|---|---|---|---|--|--|--|------------------------------------|
| | ype ar print) Rola | | -W | Clark | | Month Jan | 2 1969 | 2330 M |
| 3. SE | | 4. RACE | | S. DATE OF | _ | 6. AGE (In year last birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNOER 24 HRS. HOURS MIN, |
| _ | Male | Cau | | | un 36 | 32 | YRS. | |
| 7o, I | BIRTHPLACE (Stote or foreign otry) Ohio | 7b. CITIZEN OF WHAT | | MARRIED 🔼 NEVER M VIDOWED 🔲 DIV | AKKIEU | Harford | | Md. |
| | ITY OR TOWN OF DEATH | nive stree | t oddress) | OTION (If not in hospitol cone Drive | 120. USUAL OCC during mast af SOLdie | CUPATION (Kind of work of warking life, even if retine | red.) INDUSTRY U.S. | F BUSINESS OR Army |
| 130. | HIGHAL DECIDENCE (Whore docor | sed lived, if institution: | Residence before 13 | c. CITY OR TOWN Edgewood | 13d. INSIDE CITY LIMITS? YES NO NO | 13e. STREET AND NUMBI | ER | |
| 14. | FATHER'S NAME First | Middle | Lost | 15. MOTHER'S | MAIDEN NAME First | Mide | | Last |
| | Allen | | Clark | E CANAL | Marga | ret | Ha | milton |
| 16a. | WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (If yes give Yes 1954 | war or dates of service) | o. social security no. 76-30-8705 | 17. INFORMANT Person | cel Office | Addr. Edgewood, | Md. | |
| | 18. CAUSE OF DEATH (Enter of | | | | 1:00 | 1.27.41 | | ONSET AND GEATH |
| | 429,0 IMMEDI | IATE CAUSE (a) | | oneumon1t1 | s diffuse, | bilateral | | |
| 12 | Canditions, if any, which gave | | CONSEQUENCE OF | with with | wight and | l left ventr | doular | |
| | rise to immediate cause (a), | (b) OCAL | | ypertrophy | | TELO VEHOL | TCULAL | |
| | stoting the <u>underlying cause</u> last. | (c) | consequence or III | y per or oping | | | | |
| | PART 2. OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING | TO DEATH BUT NOT F | RELATED TO THE TERMI | NAL DISEASE OR CONDIT | TION GIVEN IN PART 1(0) | | |
| NO | 2 | CONDITION FOR HEIGH | ODER ATION WAS DEREC | DUED 100 411 | TO 05/10 | LOOL IF VEC WERE FIND | WALCE CONCIDENTS IN | CERTIFYING |
| CERTIFICATION | 19a. DATE OF OPERATION 19b | . CONDITION FOR WHICH | UPEKATION WAS PERFO | RMED 20a. AU YES [| | 20b. IF YES, WERE FIND CAUSES OF DEATH? | IO CONSIDERED IN | CEKTIFTING |
| ERT | 21o. ACCIDENT WAS UNDERLYI | NG 21b. TIME OF IN. | IURY | | Land Land | re af injury in Part 1 ar P | | |
| | OR CONTRIBUTING CAUSE OF OF | ATH HOUR A.M. A | Manth Day Year | | | | | |
| | in enner, nonly medical exolit | iller) tards | 17 | | | | County | State |
| MEDICAL C | While Not while | PLACE OF INJURY (AT | HOME, FARM, STREET, FACTOR) ICE BUILDING, ETC. | 2) 21f. LOCATION St | reet or R.F.D. Na. | City ar Tawn | | |
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| 1 | MARYLAND STATE DEPARTMENT OF HEALTH |
|------------|---|
| 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 9 0 5 CERTIFICATE OF DEATH |
| 1. | DECEASED-NAME First Middle Last 2a. DATE OF DEATH Day 1 Year 2 2b. HOUR |
| 3. | SEX S. DATE OF BIRTH 6. AGE (In years lif UNDER 24 HRS. S. DATE OF BIRTH 1890 1990 |
| | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED |
| 6 | CITY OR TOWN ON DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if retire) 12b. KIND OF BUSINESS OR during most of working life, eyen if retire) 12c. USUAL OCCUPATION (Kind of work dony during most of working life, eyen if retire) 12c. USUAL OCCUPATION (Kind of work dony during most of working life, eyen if retire) |
| 5 00 | a. USUAL RESIDENCE (White deceased lived, if institution: Residence before mission) STATE WEST NO THE PROPERTY OF TOWN 136. STREET AND NUMBER YES NO THE NO THE NUMBER 2 THE NO THE NUMBER 2 THE NUMBER 3 THE NUMBER 4 THE |
| | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Unknown Belle Cornett |
| 10 | (a) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 229-05-6053 B 5 tepten F. Comer, R.D. # 2 De Ha, Pa |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| MOLEN CALL | 19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in certifying causes of death? |
| MENTER OF | G CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. 19 |
| | 21d. INJURY OCCURRED While Nat while at wark at wark at wark of the deceased from 1 1 1968, to 166, 1969, that (I) (we) los sow the deceased alive on 1969, and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE/SIGNED / 1969 22c. DATE/SIGNED / 1969 22d. PHYSICIAN'S NAME (Type) 1 22e. APDRESS NAME (Type) 22e. APDRESS NAME (Type) 1 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| 23 | 10. BURIAL, CREMATION, REMOVAL (Specify) Jan. 191969 Mt. Nebo Cemetery De Ita., 1907 County) (State) |
| 2 | 4. FUNERAL DIRECTOR John H. Harkins Delta, Pa- 250/ REJAN RDISTAR 19696. RUJUSTRARS SIGNATURES DATE |

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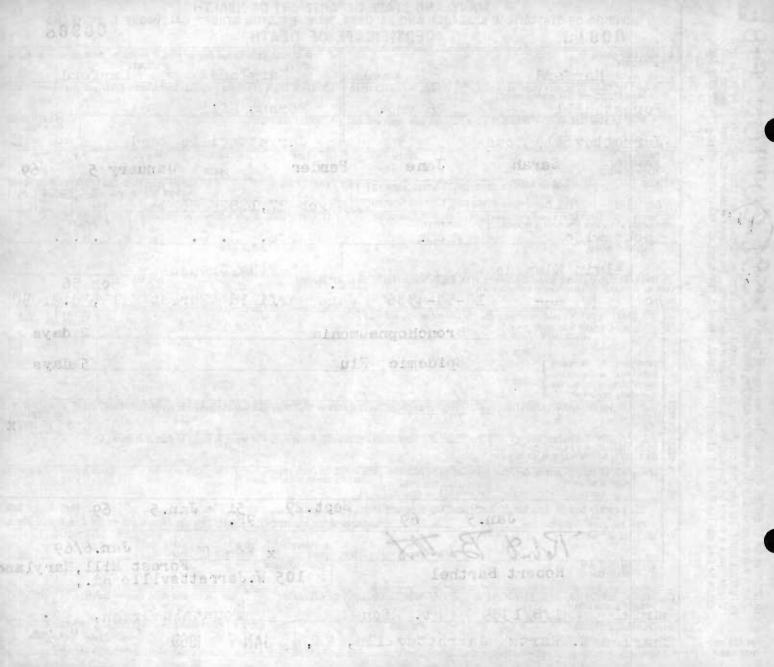
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00906 CERTIFICATE OF DEATH 1 Film 109 2/5/69 cac 1. DECEASED-NAME Middle 2a. DATE OF DEATH death (Type or print) Year / cnei 3. SEX requires that the death certificate be executed within 24 hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 9-113-1912 56 YRS 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) INDUSTRY artor 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Last 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address Yes, na, arunknawn) (If yes give war acdates of service) Mrs "abel Darney 2515 Jeruselum Road 217-18-8075 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b)? and (c).) PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c/AOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY far OR CONTRIBUTING TALAUSE OF DEATH HOUR A.M. Manth Day Year detached (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from saw the deceased glive on 31 / 29 / 2 and that in (n 6, 19, 69, to 19 6 7 and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive on____ be retained shauld O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (old nat) wew the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MAURE director, should be NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) altimore 2-2-1969 St. Stephens 'emetery Bradshaw 24. FUNERAL DIRECTOR ADDRESS 2Sq_ REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Williams Judga assahn Funeral Home 7401 Belair Road 21236

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MARYLAND STATE DEPARTMENT OF HEALTH

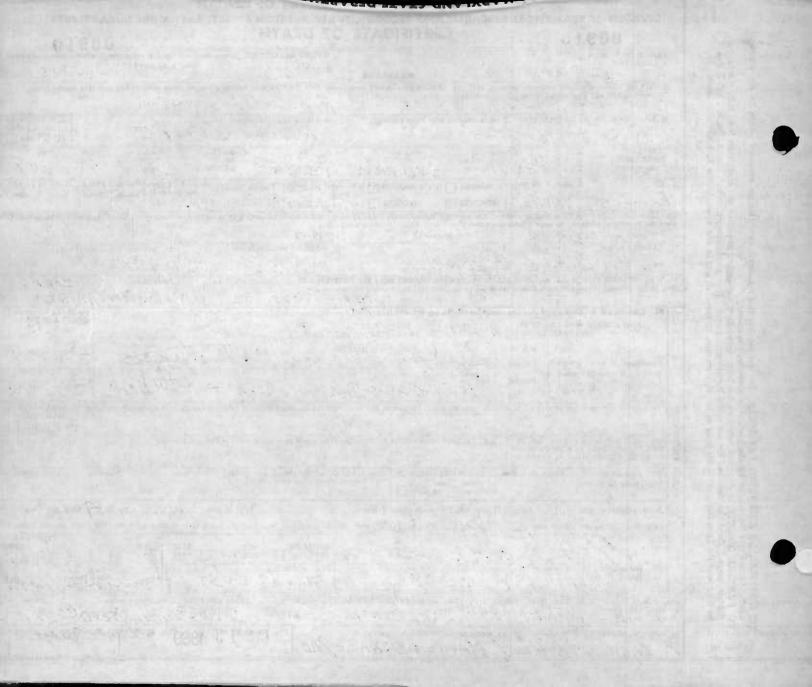
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00913 CERTIFICATE OF DEATH and 2 death. hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY etely filled in by the further bon papers. Pages 1 a within 72 hours after d b. COUNTY Harford Harford arvland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill Forest Hill 26 vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Jarrettsville Road Jarrettsville NO X YES Road completely ve carbon p Secuted within 3. NAME OF DATE Middie Last Day Year OECEASED Sarah event, v Jane Fender January 1969 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE remove any eve 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Female White WIDOWEO X DIVORCED March 86 lease re and in 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe COUNTRY? ousewife U.S.A Home Sparta 13. FATHER'S NAME MOTHER'S MAIDEN NAME death certifica or removal this certificate has been signed by the attending plotetached for use as the burial-transit permit. Then e Dept. of Health prior to burial, cremation, or remova Melvin Martha Edwards Crouse 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. MIT CINFORMANT Box 56 (Yes, no, or unkown) (If yes give war or dates of service) Jane Warfield No Forest Hill.Md.21050 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] **OR ATTENDING PHYSICIAN:** The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia days DUE TO Epidemic F112 Conditions, If any, which 5 days (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION 19. WAS AUTOPSY PERFORMEO? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) 0 Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State at work et work Sept. 29 1951, to Jan. 5, 1969, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ and that death occurred at 9P . M. from the causes and on the date stated above. Jan. 69 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. Jan. 6/69 X Page 4 may b M.D. DIRECTOR PHYS. 22d. AODRESS Forest Hill. Maryland PHYSICIAN'S Barthel Robert NAME (Type) 105 W. Jarrettsville BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) /1969 Mt. Zion Fountain rial Green REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **AOORESS** 25b. FUNERAL DIRECTOR Charles Kurtz Jarrettsville. Md. VR A15 (4) 15M 4-64



| - 0 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH |
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| * 1 | | 0 0 9 1 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| | | CERTIFICATE OF DEATH 00909 |
| . 24 | 1. D | ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR |
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| ond completely filled in remove corbon popers, n ony event, within 72 h | 10.0 | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) |
| ONE BEEN | H | ARVIE de Grace Hartord Mcm Hosp Houselife Same |
| ple ple 12 | 130. | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER |
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| exe emc ony | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First OO Middle Lost |
| be c | 1 | annood L. heeden (arrie Ella Korre). |
| thot the deoth certificate be ex an. by the attending physician ond tronsit permit. Then pleose rem cremotion, or removal, and in on | 160. | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Addiess Addiess |
| hysi ral, | Y | (es, no, as unknown) (If yes give war or doles of service) Yes Mr Fred Fox 1208 Perryman & |
| The p | | APPROXIMATE INTERVAL |
| of the rest | | PART I. DEATH WAS CAUSED BY: |
| dec fren fren n, o | | Minimal Crist (V) |
| the de | | Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) |
| ot . / th nsid | | rise to immediate couse (o), |
| OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the retained by the haspital or ottending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely fill e. 3 should be detached for use as the burial-transit permit. Then please remove corban poed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within | | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CARDIO VASCULAR DICCARE |
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| ding ding the the | S | Hyperlun Sim and Calafic Cortic Sturosis 190, DATE OF DERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY2 200 BE YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
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| T of selection of the s | ERTIE | 112 110 110 110 |
| AN: ol o or or Heo | | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) |
| of the state of th | MEDICAL | (If either, notify medicol exominer) P.M. 19 |
| has ce soch cept. | × | 21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote |
| the thirder of the beat det | | of work U of work U |
| by frer be stot | 13 | 220. I certify that (I) (this haspital) ottended the deceased fram 1-21, 1969, to 1-22, 1969, that (I) (we) last saw the deceased olive on 1-22, 1969, and that in (my) (our) opinion deoth accurred on the date and have and from the |
| ed ed he she she | | saw the deceased olive on |
| Tie of the | | |
| REC 3 S | | ATTENDING TO MED. STAFF TI |
| 0 | 13 | |
| Mmoy Mal | | 228. PHYSICIAN'S NAME (Type) DANTE U. MONAKIC, M.D. 21. N. Union Arg. Herredelinace Ned |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retoined by the haspitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-tronshoot by the state of Health prior to burial, creatingly be filed with the State Dept. of Health prior to burial, creating the prior to burial. | 00 | |
| E Se | 230. | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote) |
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| | 9 | | | 00916 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00912 |
| 10 | 19 | | | CERTIFICATE OF DEATH |
| 10 | . 2 | | 1 0 | |
| | at apt | | | Type or print) |
| | de | 3 | , | Type or print) SheRMAN E. GILBERT January 2 19689 103pm |
| | P - E | 5 | 3. SI | EX 4. RACE 5. DATE OF BIRTH 6. AGF (In years / IF UNDER YEAR 1 IF UNDER 24 HRS. |
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| | requires that the death certificate be executed g physician. I signed by the attending physician and cample a burial-transit permit. Then please remove capacitating cremation or removal and in any even | | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). APPROXIMATE INTERVAL BITWITH ONST AND DEATH |
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| | Dispitation of the particular | | MEDICAL | (If either, notify medical examiner) P.M. 19 |
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| | Ta to the | | | |
| | R re | | | ATTENDING MED. STAFF |
| | be be | 3 | | Laura Monarco, 1911 DEGREE PHYS. DIRECTOR PHYS. 1/2/69 |
| | A y o | 1 | | 22d. PHYSICIAN'S 22e. ADDRSSS 2 |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledictor, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pares should be filled with the State Deat, of Health print to burial cremotion or removal and is now event within | | | NAME (Type) DANTE U. MONAICIC, M.D. 291 N. Neven Are towe decrae, his |
| | UN ON | | 230 | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RÉCORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00917 CERTIFICATE OF DEATH 00912 1. DECEASED-NAME Middle First 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death (Type ar print) Month rae ser 3. SEX S. DATE OF BIRTH IF HINDER 1 YEAR 6. AGE (In years last birthday) DAYS 12 March 1909 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR during most of working life, even if retired.)
Beautician Beauty Shop the attending physician ond completely t sit permit. Then please remove carban 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE LIb. COUNTY ort removal, and in any 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First 05 1500 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 218-09-0978 Oliver Wm. Graeser. Port Deposit. 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT arcen one IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave buriol-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health prior to b O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. \ \ - 30, 1969, ta_ saw the deceased alive an 13169 19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE, SIGNED, **ATTENDING** MED. DIRECTOR DEGREE PHYS. director, pog should be file 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Maryland 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOYAL (Specify) 5 Feb. Arlington National Cemetery. Ft Myer, Virginia ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochanles VR A15 (4) 45M - 1/69 Tarring Funeral Home, Aberdeen, Md. 21001 DATE CER

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00918 00913 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR death (Type or print) Month Int 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Pages last birthday) Nov. 3, 1883 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THEVER MARRIED country) WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Farmer Farming event. 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defare 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER law requires that the death certificate be executed admission) STATE 13b. COUNT NO .please remove 2043 any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last and in Katherine Hardin bea 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT AddressRD #1 Box 345 Yes, no. ar unknown) (If yes give war ar dates of service) 220-34-6978 Blanche E. T. Gravbeal Fallston, Md. 21047 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A GONSEQUENCE OF stating the underlying cause PART 20 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 180 this certificate has been far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from... , and that in (my) (aur) apinian death accurred on the date and hour ond from the saw the deceased alive an 19 causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page shauld be filed PHYS. DIRECTOR PHYS 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2/2/1969 Bel Air Mem. Gardens Bel Air. Harford, Maryland ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D-BY REGISTRAR 2Sb. Charles E. Kurtz Jarrettsville, Md. 21084 DATE

STORE INCOMESTIC CONTRACTOR OF THE PROPERTY OF ant ratios 1 1 miles land, and make the land and all Forl , t .voll Hammer Francis VI bronning about 5th a fine The state of the s EHS YOUR THOTEL milwight accommand in the damage of the district TANK THE THE PARTY OF THE PROPERTY OF THE PROP The total water and the training of the second of the second Switch 2/2/1969 881 Mar Fey. mardens Sol Mir, Mar bed, Pargumes Cauries S. Karts Jamest Ville, Mily Mark Thirty States in the Paris

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00914 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN 2h HOUR (Type or Print) OF ESTI-DEATH MATED AN JOSEPH EDWIN Poge 3 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR FEB 1, 1908 MALE WHITE 60 YRS 10:10 M MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH HARFORD WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH give street address)
FURNACE during most of working life, even if retired.) INDUST HORSE - IRAINER-OWNER JARRETTS VILLE 13d, INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13803 BRIAR WOOD admissian) STATE GEORGES LAUREL lond 2 Office/ 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME Middle UNKNOWN hours Chief Medicol Examiner's 13803 ADDRESS BRIAR WOOD 17. INFORMANT 16b. SOCIAL SECURITY NO. (Yes, no. or unknown) 15-14-8620 EDNA M. GREEN File within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARBON MONOXIDE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ' MICIDE rise to immediate cause (a), word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = writing the certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗌 pe 3 should 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOSE EXHAUST PIPE CAR CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. FURNACITY or Town JARRETTS LOUDTY factory, affice building, etc.) BRIDGE OVERWINTERS RUN AT WORK CAR - FURNACE HARFORD please execute FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian Suicide X death resulted fram: Natural causes . Accident ... Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED JAN 24 ACTUAL ASSISTANT MEDICAL EXAMINER 307/HICKORY AVE DEPUTY MEDICAL EXAMINER 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) WARRENTON, PAUGUIER FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TARRETTSVILLE, MD JAN 2 VR A15ME (5) 10M REV. 1/68 21084

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| 1 | It | em 21 Film 409 MAKYLAND STATE DEPARTMENT OF HEALTH 10-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| FOR STATE | | | 0915 |
| HEALTH DEPT. | | Or FCTI - | Day Yeor 2b. HOUR |
| ay is 3 to 23 to 25 to 2 | , | Mary Ellen Hasson DEATH MATED 1- | 22 - 1969 N |
| | 3. S | Jost birthday) MONTHS DAYS HOURS MIN. Manth Day | 2d HOUR |
| P. and P. | _ | | 1969 19 15 M |
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| along along death. | 130. | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| 18. 18. 2 wi | | dmission) STATE Md. 13b. COUNTY Cecil Port Deposit YES XX NO 128 S. Main | |
| 24 havrs after in Item 18. Given 18. Gives 3.5 Office along ss land 2 with as after death. | 14. [| FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Lost |
| 24 in l lin l les l les l | 1/- | John W. Founds Hannah E. | Murphy |
| within 24 pencil in xaminer's ile pages 72 haurs | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 219-18-9505 17. INFORMANT ADDRESS Hospital Records, Havre de Gr | man MJ |
| d within in pencil Examine File pag n 72 hau | | | APPROXIMATE INTERVAL |
| be executed "pending" in nief Medical E ansit permit. Fevent within | 0. | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSE 8'. IMMEDIATE CAUSE (a) Fracture Right Femur | BETWEEN ONSET AND DEATH |
| e execute pending" ef Medica isit permit | | MMEDIATE CAUSE (0) Fracture fight remur | |
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| forv forv ema | CERTIFICATION | WAS PERFORMED? | YES NO K |
| Thi ficat be d be ar r | CERT | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite | |
| KAMINER: This certific te the certificate, writin ge 4 should be forward your files. age 3 shauld be used as crematian, ar remaval, | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A.M. Nov. 1968 Fell | |
| | ME | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town | County State |
| XAN ge 4 yau yau cre | | WHILE AT WORK AT WORK TO AT WORK | ecil Md. |
| ICAL E. executor. Page far CTOR: Page burial, | | 22a. I certify that I taak charge af the remains described obove, held an Autapsy 🔲, Inspection 🔣, Inquiry 🔣 | |
| Se e se e crar de la bar d | | deoth resulted from: Natural causes, Accident _X_, Suicide, Homicide, Undetermined monner [| |
| TTY please raid direct be retain priar ta | | ACTIVAL VON COLLECTION OF THE | Air, Md. |
| ry, F eral be r RAL prid | | ACIDAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1-2: | |
| o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar to burial, crem | 130 | EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) | |
| necessal the fune 5 may 1 co FUNEI Health | 230 | BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) | (Caunty) (State) |
| | | REMOVE (Specify) 1-25-69 Asbury Cemetery Port Deposit | Realth Md |
| to | 24. | FUNERAL DIRECTOR 250. RECOSTRARY | IGNATURE? |
| VR A15ME [5] 10M REV. 1/68 | | Lee A. Patterson & Son, Perryville, Nd. DATE | A STATE OF THE STA |

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| 1 | | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| 40 | | | CERTIFICATE OF DEATH | 00916 |
| _= | _ 2 · | 1. [| DECEASED-NAME First Middle Lost 20. DATE OF DEATH | 2b. HOUR |
| eat | and 2 deoth. | | (Type or print) Charles Winton Hudler Januares) | oy_ Yeor, (\$55 |
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| fer (| KAA | 3. 9 | S. WALL OF BIRTH YEARS | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
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| ag. | - v | 70. | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| within 24 haurs after death | 735 | | N.C. USA WIDOWED DIVORCED HARFORD | Md. |
| .⊑ | | 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done | |
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| Fo w | car | 13a | D. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| Kecuted | ove ove | Can | mission) STATE Md. 1886. COUNTY Coeil North East YES NO DI BOX 106 | RNH |
| | no in on | 14. | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Ol Lost |
| o pe | on on see | - | JAMES W. Hudler ELIZAGETH - | Blevens |
| OR ATTENDING PHYSICIAN: The low requires that the death certificate be be retained by the hospital or attending physician. | D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove car should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, | 160 | o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, openhanolium) (If yes give war or dates of service) 318-18-1240 Mrs. Chas. W. Hud Lev North | LFast RD |
| erti | hen | | | APPROXIMATE INTERVAL |
| = | ding | 1 | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | BETWEEN ONSET AND DEATH |
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| ō | a contract | 3 | | Item 18 \ |
| CIAN | ific for all | S | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year | , 11011 10.1 |
| rs dso | hed t. o | MEDI | 2 (1 either, notify medical examiner) P.M. 19 2 (1 INJURY OCCURRED 2 le. PLACE OF INJURY OFFICE BUILDING, ETC. (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town | County State |
| PH de h | Affer this certificate has been if be detached for use as the state Dept. of Health prior to | | While Not while of work of work | County Stole |
| NG F | o de do | | 220. I certify that (1) (this haspital) attended the deceased from 12-27- 1968, to 15 JAN 1 | 9 (69, that (1) (we) lost |
| 99 | Af b p s s s s s s s s s s s s s s s s s s | | saw the deceased glive an 15-14N 1969, and that in (my) (gur) opinion death occurred on the | late and hour and from the |
| anie eine | Sel t | | couses stoted above, (I) (we) (did) (did nat) view the bady ofter death. | |
| refer A | S sh with | Н | 22b. SIGNATURE ON ON ATTENDING ON MED. STAFF 22b | . DATE SIGNED |
| be be | Die de de | | DEGREE PHYS. DIRECTOR PHYS. | -16-69 |
| ITAL | SAL be fi | | 22d. PHYSICIAN'S NAME (Type) R. R. L. L. L. R. L. L. L. R. L. L. L. R. L. | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. | TO FUNERAL DIRECTOR: director, page 3 should should be filed with the | 220 | D. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City or Town) | (found) (found) |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00917 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Page DEATH MATED 29 Jan. MICHAEL KOZUB 1969 Department of 30 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD DOA 2d. HOUR 2, and ? Month Jan. Male White June 30,1893 1969 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm Austria USA WIDOWED DIVORCED Harford Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
DOA - Harford Memorial Hospital Machinist Shipbldg. Havre de Grace 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Harford Abingdon 320 Hooker Mill Road 00 .P YES NO TE pencil in Item 1 Office l and 2 after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Lost Alexander Kozub Mary Skovranek bages haurs ADDRESS Abingdon. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, or unknown) (If yes give war or dates of service) 217-18-2639 Michael J. Kozub, 320 Hooker Mill Road. Yes WWI 2 APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH earlie CVD within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [NO V D 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) shauld PRIMARY CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retained far yaur FUNERAL DIRECTOR: Page NOT WHILE burial, 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection -Inquiry Z ond in my opinion death resulted from: Natural causes Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE Jan. 30. 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Gerald C. Palmer, M.D. Health ADDRESS(Street, city, town, or county) Bel Air. Md. NAME (Type) 50 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Bel Air Harford Md. Bel Air Memorial Gardens Feb.1.1969 Burial FEB 3 1969 25b. REES PAR S CONTROL OF THE STREET OF THE ST 24. FUNERAL DIRECTOR FUNERAL DIRECTOR
Howard K. McComas & Son, Abingdon, Md. VR A15ME (5) 10M REV. 1/68

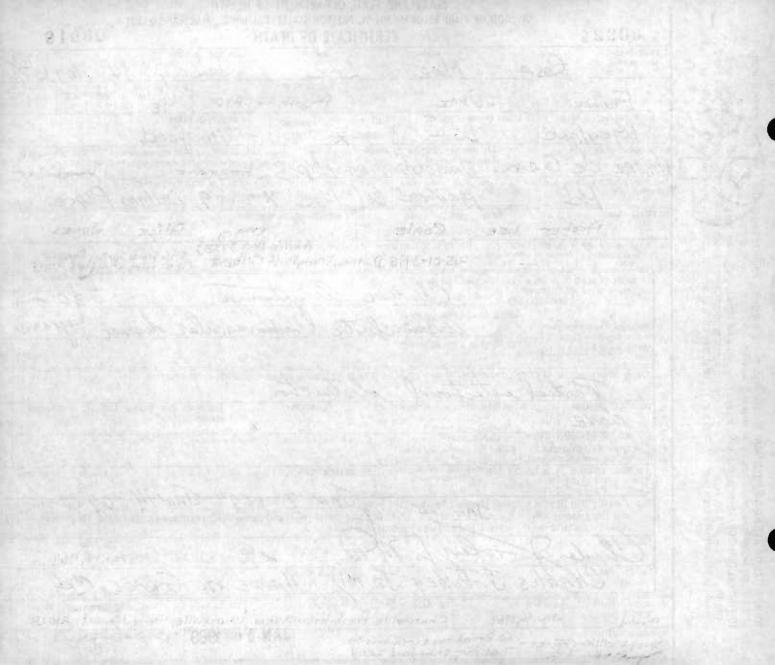
MAKYLAND STATE DEPAKTMENT OF HEALTH

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| | 1 | MARILAND STATE DEPARTMENT OF REALTH | |
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| 1 | | 00923 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| completely filled in by the rove corbon papers. Pages I y event, within 72 hours after | 10. | Industry during most of working life, even if retired.) INDUSTRY | OF BUSINESS OR |
| arbel w | 130. | 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER | HIOL |
| cuted. | odm | dmission) STATEMARY And 13b. COUNTY HARFORD Bel A: V YES & NO 102 W. Bekres | t Rd. |
| and rem | 14. | 4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Lost |
| be n all | | August LABRENZ MARY KAL | chska |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours are retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and consistery filled in by 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. By with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours. | 160. Y | 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) Yes, no, or unknown) (If yes give wor or dotes of service) WES (If yes give wor or dotes of service) 335-10-3482 A mrs, Ruth H. LADRENZ THE ARMED FORCEST TO BE AND THE STORY OF THE STORY | 4d |
| The The | | 18. CAUSE OF DEATH (Enter only one cause per line-far (o), (b), and (c).) | OXIMATE INTERVAL N ONSET AND DEATH |
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| tho an. by ron: | 10 | rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
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| end end s be as t as t | SATIC | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN | CERTIFYING |
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| piter printing of the printing | MEDICAL | [If either, notify medical examiner] P.M. 19 | |
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| by the fifer be of total | | 22a, I certify that (1) (this baspital) attended the deceased from 1-23 1969 to 1-24 1969 the | at (I) (we) last |
| E. Alid | | saw the deceased alive an $1-24$ and that in (my) (aur) apinian death accurred an the date and have | r and fram the |
| To di the | | causes stated abave, (I) (we) (did) (did nat) view the bady after death. | |
| REC 3 s d wii | | Dayte U. Monefal, MID DEGREE ATTENDING DIRECTOR | . 6 |
| | 16 | 22d. PHYSICIAN'S 22e. ADDRESS, | 1 |
| TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of should be filed with the Stote | | NAME (TYPE) DANTE U. MONAKIL, M.D. 211 N. Union Ave. Hovre deGrace | iled. |
| Pour February | 230. | 30. BURIAL, CREMATION, PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) | (State) |
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| | and com | 114 | FATHER'S NAME First | Middle Lost | 15. MOTHER'S MAIDEN NAME F | irst Middle | 117700 |
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| | phy en ova | | NO | 215-01-3995 | D Mrs. Mary Ruth Gi | IDEN BEI HILL | nampard 21014 |
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| | thi det Det | + | While Not while at work | | | | |
| | N y ter tat | | 220. I certify that (I) (this has | pital) attended the decease | from JAN 9 . 19 6 | 01.10 JAN 14 19 | 67, that (1) (we) last |
| | d b d b d b d b d b | | 220. I certify that (I) (this has saw the deceased olive o | n JAN 14 19 | 6 nod that in (my) (aur) opi | nion death occurred on the da | te and hour and from the |
| | ATTENE stained CTOR: A should ith the | | causes stated above, (I) (| we) (did) (did not) view the b | ady oft er de ath. | | |
| | R ATTENE retained ECTOR: A 3 should with the | | 22b_81GNATURE | 1.0.1 | nk () | 22c. 1 | DATE SIGNED |
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| | RA Be | | NAME (Type) HARLES | J. TONEY | IR. M.V HAUR | E de (TRACE | - Md |
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| | agg and a sho sho | | REMOVAL (Specify) | | | 23d. LOCATION (City or Town) | (County) (Stote) |
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| O O o | | BOUNDAL 1-28-69 SLATE RIDGE DELTA | ORK PA. |
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| of f | MEDICAL | (If either, notify medical exominer) P.M. 19 |
| PH he h this etac | W | 21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State |
| d by th After th Abe de State | | 22a. I certify that (I) (this haspital) attended the deceased fram 1 24, 1969, to 1-26, 1969, that (I) (we) la |
| ed ed lid | | saw the deceased alive an19, and that in (my) (aur) opinion death accurred an the date and haur and from th |
| TO TO HE TO TO THE TO THE TENT OF THE TENT | | causes stated abave, (1) (we) (did) (did nat) view the body after death. |
| TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A c director, page 3 shauld shauld be filed with the | | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 196 |
| AL Dy L | | 22d. PHYSICIAN'S 22e, ADDRESS |
| FRA d be | | NAME (Type) Ernest W. Seiter RISUE PUU 40 |
| HOS Be 1 | 23a. | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| 0 0 0 0 W | | BEMOVIE Secify) 1/28/69 Rose Bank Cemetery Calvert Md. |
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| FOR STATE HEALTH DEPT. 1. DECEASED-NAME (Type or Print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lef under 24 ARS less birthday) S. DATE OF BIRTH 6. AGE (In years lef under 24 ARS less birthday) Months DAYS HOURS MIN. Month Do OF ESTI- DEATH MATED TO JUNE 1 FUNDER 1 YEAR IF UNDER 24 ARS less birthday) Months DAYS HOURS MIN. Month DOY | Year 1967 2b. HOUR Year 1967 2d. HOUR Year 1967 4PM |
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| 70. CHIZEN OF WHAT COUNTY? 8. MARKIED NEVER MARKIED Y. COUNTY OF DEATH | |
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| # 0 5 = 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Hay | rbor P |
| odmission) STATE MO 13b. COUNTY # 2 - to - UA bingdow YES \ NO BO 605 2019 83 | 1-/119 |
| 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle | Lost |
| 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Scott Winfield Newberry Jennie | May |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service) | |
| 187-03-6347 Norton Scott Newberry, 605 Long Be | ar Harbor Rd |
| B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYOND Y DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave transport to immediate cause (c) (b) | |
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| 22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes Matural | ond in my opinion |
| death resulted fram: Natural causes 🕅, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined monner 🔲 | |
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| 31. | 183 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00925 |
| | 13 | CERTIFICATE OF DEATH |
| , h _ 2 . | | ECEASED-NAME First To Middle Lost 20. DATE OF DEATH 2b. HOUR |
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| the death certificate be executed within 24 hours after death the attending physicion and completely filled in service funeral sit permit. Then please remove carbon papers. Pagés I and Sharion, or removal, and in any event, within 72 hours after death | | Tarrede Grace give street oddress) Nemoria during most of working life even if retired.) INDUSTRY |
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| and and | 160. | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 21001 |
| Signal Page 1 | Y | (es, no, Muknown) (If yes give war or dottes of service) None John W. Norman R.D. #3 Box 176 Aberdeen, Md. |
| ing phys | - | |
| ing rem | | 10. CAUSE OF DEATH (Enter only one couse per line for (0), (D), and (c).) |
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| ATTENE retained ECTOR: A S should with the | | causes stated) abave, (1) (we) (did) (did) nat) view the bary ofter death. |
| TA PA SHE | 189 | 22b. SIGNATURE / DATE SIGNED |
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| V be DIR | 100 | 22d. PHYSICIAN'S 22e. ADDRESS |
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| - | | | 00024 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BA | LTIMORE, MARYLAND 21201 | 00926 |
| -32 | | | 00931 | | CERTIFICATE OF DEATH | | |
| | 4 24 | 1. | DECEASED-NAME Firs | | Last | 2a. DATE OF DEATH | 2b. HOUR_ |
| | within 24 hours after death lely filled in by the funeral bon papes. Pages I and 2 within 72 ours after death | | (Type or print) Jaun | ita Claris | PRITT | . / Month / 3 Do | 1 6 9 Year 7 25 M |
| | d d | 3 | SEX . | 4. RACE | S. DATE OF BIRTH | | 1 10 |
| | # 100 | | 0 | Caucasian | April 20, | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
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| | ond com | 1 14 | FATHER'S NAME First | Middle Lati | 15. MOTHER'S MAIDEN NAM | | ∧ Last |
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| | e death certificate k ottending physician permit. Then pleose on, or removol, ond | 16 | . WAS DECEASED EVER IN U.S. AR | | | Address | gardner |
| | fica ysic ple ple | 1. | Yes, no. ar unknawn) (If yes give | war or dates of service) 227-34-9 | 2001 | | |
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| | for all He | | | TH HOUR A.M. Month Day Yea | ZIC. HOW INJURY OCCURRED (EI | nier nature at injury in Part I at Part 2, | Ifem 18.) |
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| | the det | | at wark at wark — | | | | |
| | be Stot | | 22a. I certify that (I) (th | nis hospital) attended the decea | sed fram 17 Occ , 19 19 2, and that in (my) (our) o bady after death. | 60, to 13 Jan , 19 | 69 , that (I) (we) last |
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| equires that the death certificate be executed within 24 physician. signed by the attending physician and cample ely filled buriol-transit permit. Then please remove carbon page burial, cremotian, ar remaval, and in ony event, within 7 | 10. | 120.7 | KIND OF BUSINESS OR |
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| e de la company | | . USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 33 INSIDE CITY LIMITS? 13e. STREET AND NUMBER 11st 11st 12st 12st 13st 13st 13st 13st 13st 13st 13st 13 | |
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| ertificate be physician en please iaval, and ii | 160 | D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUBITY NO. 17. JAFORMANT Address / Addr | 11 |
| ico /sic l', a | Y | Yes, no, or unknown) (If yes give wor or dates of service) | 1201 |
| ph) ava | | Rosow 1. Mujor 1 dans de Tes | ea, MA |
| 90 E | | 18. CAUSE OF DEATH (Enter only one couse per lipe for (o) (b), and (b). | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| int. | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) artleas Jecombensation | U days |
| ne death cei attending p permit. The | | 4/23 DUE TO, OR AS A CONSEQUENCE OF | Trungs. |
| t the the sit p notid | 200 | Conditions, if ony, which gove) | - 1 110 |
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| phy | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | _ |
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| lov be be be triar | ATIC | 196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERE | ED IN CERTIFYING |
| AN: The low re of or attending icate hos been for use os the Health prior to | CERTIFICATION | YES NO DE CAUSES OF DEATH? | |
| alfi odh | CER | | |
| fica land | 3 | | |
| SIC spirit eertii ed co of | MEDICAL | (If either notify medical examiner) P.M. 19 | |
| ha ha ept | _ | 21d. INJURY OCCURRED While Not writte 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town Country (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. | Y Stote |
| the det | | at work of work | |
| INC Doy Tot Tot | | 220. I certify that (1) (this haspital) attended the deceased from 12/20, 1968, ta 2nd 1969 | , that (I) (we) las |
| d A d d d d d d d d d d d d d d d d d d | | saw the deceased olive on 1964, and that in (my) (aur) apinion death occurred on the date and causes stated above, (!) (we) (did) (did not) view, the body after death. | hour and from the |
| Soline State | | causes stoted obove, (!) (we'f(did) (did not) view, the body atter death. | |
| A plant of the pla | | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATP SIGN | NED/ |
| OR OR | 93 | Charle Chief DEGREE PHYS. MED. STAFF DIRECTOR DIPHYS. D 1/2 | 169 |
| AIL D | | 22d. PHYSICIAN'S 22e. ADDRESS 2 | 5 11 |
| PIT THE THE THE THE THE THE THE THE THE TH | | NAME (Type) Lawred C. Loo, M.D. Have algrace, | ma. |
| UNI UNI | 230 | BURIAL CREMATION, 23b. DATE / 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (Count | ty), (Stote) |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the buriol-transhauld be filed with the State Dept. of Health priar to burial, cre | 1.00. | REMOVAL (Specify) 1/4/69 farford Messer Card alders, M. | 11/ (31016) |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00933 CERTIFICATE OF DEATH 0092 1. DECEASED-NAME and 2 death. Middle Last 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) (1) Month arence a 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS DAYS HOURS 14 July, 1896 YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTAUTION (If not in hospital. 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF remove carban during most of working life, even if retired.) INDUSTRY emorial Barber Shop 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNT autoro Tran YES ony 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First (D) Balderson, Ralph M. (D) Rake Campsie please and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 232-28-1437 Jean Harbaugh. Aberdeen. Maryland removal. the attending phy-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSTQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗍 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE-OF-DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 20 th 1969 (and that in (my) (aur) apinion death accurred an the date and haur and from the O HOSPITAL OR ATTEND Page 4 may be retained causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR Gun DEGREE directar, page 3 shauld be filed PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL Specify Mt Olive Cemetery Parkersburg, West Virginia 24 Jan. REGISTRAR 1969 Sb. REALS CAPES SHOW THEN ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) DATE 45M - 1/69 Tarring Funeral Home, Aberdeen, Md. 21001

MARYLAND STATE DEPARTMENT OF HEALTH

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| 2 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
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| | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00929 CERTIFICATE OF DEATH | |
| md 2 earth. | CEASED-NAME First Middle Last 2a. DATE OF DEATH ype ar print) Translation Month Day Year | 2b. HOUR |
| 70 200 | virginia Lenora Renshaw 11 7 69 12 | :20PM |
| # 1 m | | NDER 24 HRS. |
| Page Program | Female 5-24-90 78 yrs. | IKS MIN. |
| hau hau hau | SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
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| within 24 haurs ely filled in by ban papers. Pa within 72 haurs | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street address) 12a. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast af warking life, even if retired.) | NESS OR |
| The state of the s | evre de Grace 421 S. Union Avenue (NH) Housewife | |
| executed within 24 haurs after. Completely filled in by heter smore carbon papers. Pages any event, within 72 haurs after | USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssion) STATE Maryland 13b. COUNTY Harford Abingdon 13c. VIET NO 806 Long Bar Harbor | |
| any on any o | ATURNY MAINT. | |
| | James Milheim Hulda Miller | ost |
| ficate be sician of please of, and in | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| ertificate b physician nen please aval, and i | es, no, or unknown) (If yes give war or dates of service) 179-20-5090 Brevin Nursing Home Record Card | |
| equires that the death certificate be executed by signed by the attending physician and control-transit permit. Then please remoburial, crematian, ar remaval, and in any | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | VTERVAL ND DEATH |
| ne death ce attending p permit. The ian, ar remo | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae Docommulation and | ND ODKIN |
| afte pern an, | 4/23 DUE TO, OR AS A CONSEQUENCE OF Promonia | |
| the the sit punction | conditions, if any, which gave rise to immediate cause (a). (b) Williams School Fee Teart Disease | |
| the ian. | stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF | |
| equires that tl physician. signed by the buriol-transit burial, cremat | last. (c) Cirkyio Selliosis | |
| requestion of the second of th | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
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| has has | YES NO CAUSES OF DEATH? | ING |
| ar are | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) | |
| Dital Dital Dital Dital Dital | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 19 | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician are 3 shauld be detached far use as the buriol-transit permit. Then please ed with the State Dept. af Health priar to burial, crematian, ar remaval, and in | 21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County | State |
| the this detection of the property of the prop | at wark at wark | |
| by be Stat | 22a. I certify that (I) (this haspitol) attended the deceased from 8 - 70, 19 63, to 17, 19 69, that (I) saw the deceased olive an 19 69, and that in (my) (aur) applicance death accurred on the date and hour and | (we) last |
| R: Ared | saw the deceased olive an 19 9, and that in (my) (aur) apinian death accurred on the date and haur and cayses stoted abave, (I) (we) (did) (did not) view the body after death. | from the |
| A Property of the state of the | 226. DATE SIGNED / | |
| OR be 3 3e 3 ed v | Paylol. Morrafeil, M.D DEGREE ATTENDING DIRECTOR | |
| TAL May bag be fill be fill | 22d. PHYSICIAN'S NAME (Type) Dante U. Monakil 22e. ADDRESS | 11.0 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priarto | III P. Wally Till : Mark & Cot !! | |
| Page Page of Fu | REMOVAL (Specify) | ate) |
| 00 | UNERAL DIRECTOR ADDRESS ADDR | Md. |
| VR A15 45M - 1 | ward K. McComas & Son, Abingdon, Md. | |

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| | PECEASED-NAME | First | A | Middle | CLKIIIICA | Last | LAIII | 2o. DATE OF | | Ven. | 2b. HOUR |
| L | Type ar print) Be | niami | n | H | S | argable | 9 | 1 | 14 | ay Year | 6 A M |
| 3. S | EX | 10 (4-3) | 4. RACE | | 9 | S. DATE OF BIRT | | | 6. AGE (In years last birthday) | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN |
| | male | 0.0 | whit | | | | 07/89 | | 79 YRS | | |
| 7o. cou | BIRTHPLACE (State or for intry) Md | eign 7t | o, citizen of what | COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRI OIVORCI | EU | COUNTY OF | rford | | Md |
| | CITY OR TOWN OF DEATH | | 11. NAM | E OF HOSPITAL OR IN | | | during mast | OCCUPATION | (Kind of work done ife, even if retired.) | 12b. KIND OF B INDUSTRY | SUSINESS OR |
| 13a | lavre de Gra | e deceosed | lived, if institution | : Residence before | 13c. CITY OR I | OWN 13 | d, INSIDE CITY LIMIT | | EET AND NUMBER | | |
| odm | nissian) STATE | Id. | | rford | Joppa | | YES NO 5 | 101 | 2 Pulask | i Highway | 7 |
| 14. | FATHER'S NAME Firs | | Middle | Lost | 15. | MOTHER'S MAIL | | | Middle | | Last |
| | Micha | | | | (D) | Ca | roline | | Becht | old | (D) |
| 160 | WAS DECEASED EVER IN | U.S. ARMED | FORCES? or dates of service)1912 | 6b. SOCIAL SECURITY | NO. 17. IN -8969- | FORMANT | n Samo | alde | Joppa, M | d. 21.085 | |
| NO | Conditions, if any, whi rise to immediate car stoting the underlying last. PART 2. OTHER SIGNIFI | use (a), g couse CANT CONDI | DUE TO, OR AS (c) TIONS CONTRIBUTING | | ets OT RELATED TO | | | | | 10cg | |
| CERTIFICATION | 19a. DATE OF OPERATION | | NDITION FOR WHICH | I OPERATION WAS PE | | 20a. AUTOPS | NO 📑 | CAUSES | YES, WERE FINDINGS OF DEATH? | | RTIFYING |
| MEDICAL CE | | USE OF DEATH ol exominer |) P.M. | Manth Doy Year | 9 | | 1 | ature of injur | y in Port 1 or Port 2 | 2, Item 18.) | |
| M | While Not while at work | J | | T HOME, FARM, STREET, FA FFICE BUILDING, ETC. | | | | · · | or Town | County | State |
| | 220. I certify that sow the dece causes stated | (I) (this osed oliv dabave, (| hospitol) otten e an | id not) view the | ed from 1969, ond bady after de | thot in (my) | , 19 <u>65</u>) (our) opini | s_, to <u> </u> | ccurred on the | 19 <u>69</u> , that dote ond hour c | (I) (we) los and from the |
| | 22b. SIGNATURE 22d. PHYSICIAN'S | 100 | Emp R | luile | Doebre | ATTENOING PHYS. 22e. ADORE | ESS | CTOR L | STAFF PHYS. | C. DATE SIGNED | 9 |
| | | Tan Dan | dlev Phi | line M. | Ua | | | | Mayora I am | | |
| 230 | NAME (Type) | - | dley Phi | | | REMATORY | | | Marylan | | (State) |
| 230 | | 23b. DA | | 23c. NAME OF | CEMETERY OR C | emeter | | Darlin | N (City or Town) | (County) | (State) |

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| 6 | | 00936 | DIVISION OF VITAL RECOR | RDS, 301 W. PRESTON STREET, BAL | TIMORE, MARYLAND 21201 | |
| | | 00300 | | CERTIFICATE OF DEATH | 00 | 931 |
| + -2+ | | CEASED-NAME First | t Middle | Last | 2a. DATE OF DEATH | 2b. HOUR |
| deoi | (| ype ar print) | Itom S | SCARFF | JANUARY 3 | |
| fun fun ter | 3. SI | X | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| the ages | 3 | MALE | white | July 28. | 1881 last hirthday) YRS. | MONTHS DAYS HOURS MIN |
| on and | | BIRTHPLACE (State ar fareign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED X NEVER MARRIED | 9. COUNTY OF DEATH | |
| in 24 hours after death. iiled in by the funeral popers. Pages I and 2 tin 724 pages after death. | caur | Maryland | USA. | WIDOWED DIVORCED | HARFORD | Md |
| in 2 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL O | | UAL OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR |
| equires that the death certificate be executed within 24 physicion. signed by the ottending physicion and tompletely filled iburial-transit permit. Then please Tendove carbon popel burial, cremation, or removal, and in any event, within 72 | 14 | rire de GRA | | a Memorial Head | most of working life, even if retired.) Farmer | Farming Farming |
| ed carl | 13a. | USUAL RESIDENCE (Where decea | ised lived, if institution: Residence be | 1 16 | LIMITS? 13e. STREET AND NUMBER | 7 De-2 |
| court ove | dolla | SSIGN STATE MARGIN | and 13b. COUNTY HARFOR | I torrest Hill YES | NON SOUTH | I Road |
| and remain and in any | 14. 1 | ATHER'S NAME First | Middle Lo | 15. MOTHER'S MAIDEN NAME | First Middle | Last |
| d in de di | | Israel | Scarff | Sara Eli | zabeth Windle | |
| 9 5 5 5 | 16a. | WAS DECEASED EVER IN U.S. AR | MED FORCES? 16b. SOCIAL SECU | RITY NO. 17. INFORMANT | JohnsonAddresfii | 11 Road |
| physicion on please | | No - | 219-36. | -0685 Rosa H. Sca | arff Forest Hi | ll. Md |
| ne death cer offending p permit. The | | 18. CAUSE OF DEATH (Enter or | nly ane cause per line far (a), (b), an | d (c).) | 21050 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| eaff endi | - 1 | PART I. DEATH WAS CAUSE IMMEDI | ED BY: NATE CAUSE (a) | income of the R | estime. | |
| he death ; ottendir permit. ion, or re | | 157.8 | DUE TO, OR AS A CONSEQUENCE | E OF THE CALL | elin - make 11 | 5 mus. |
| the the sit p | | Canditians, if any, which gave rise to immediate cause (a), | (b) i) | The state of the s | occasi, separation | |
| tho on. by tran | | stating the underlying cause | | 10 111 11 | alx tail of | 3-14- |
| equires that the physicion. signed by the burial-transit burial, cremat | 100 | last. |) aper | noma fore | 1340 | 11145 |
| equ phy sign bur | | PART 2. OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING TO DEATH & | III NOTERELATED TO HE TERMINAL DISEASE OF | RECONDITION GIVEN IN PART I(a) | |
| ding een the r to | NO | | | | | |
| e lo sp bas bas prio | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION W | | 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| The Trade has not be the hase of the solith | ERTIF | 21- ACCIDENT WAS UNDERLYIN | NC TON THE OF HUNDY | YES NO | | |
| al o al o for for Hec | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Month Day | Year 21c. HOW INJURY OCCURRED (Ent | er nature of injury in Part 1 ar Part 2, Ita | em 18.) |
| SIC Spit Spit Spit ertif ed ed | MEDICAL | (If either, natify medical exami | iner) P.M. | 19 | | |
| OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physicion. DIRECTOR: After this certificate hos been signed by ge 3 should be detached for use as the burial-trailed with the State Dept. of Health prior to burial, cre | ~ | While Nat while | PLACE OF INJURY (AT HOME, FARM, STRE | ET, FACTORY.) 21f. LOCATION Street ar R.F.D. N | a. City ar Tawn | County State |
| de the feet | | at wark at wark | | 11/29 | 13 3 00 N | 9 |
| Afte Afte Sto | | saw the deceased a | nis haspital) attended the dec | eased from , 191 | pinian death accurred an the dat | 2 / , that (I) (we) last |
| ATTENDIN etained by CTOR: After should be | | causes stated above | e, (I) (we) (did (did nat) view | eased from 1927, 193 1964, and that in (my) (aur) at the bady after death. | oman acam accorreg an me aar | e and have and train the |
| ECT Par | | 22b. SIGNATURE | 144-0 | L MP ATTENDING | 22c. D. | ATE SIGNED 1 |
| OR be Je Je Jed | 3 | | 1/2 Callen | | DIRECTOR PHYS. | 3661 67 |
| AL AL Poor Poor Fine Fine Fine Fine Fine Fine Fine Fine | | 22d. PHYSICIAN'S NAME (Type) | 4. SADDUSK | 22e. ADDRESS | 0 - (X 44) | 1.4 2.1 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Tendove carbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 724 pages after death | | VV-11 | | 12012 | erus () I de la | your my |
| HC age | 23a. | | | OF CEMETERY OR CREMATORY | 23d. LOCATION (City ar Tawn) | (Caunty) (State) (|
| 07 00 00 00 00 00 00 00 00 00 00 00 00 0 | 24 | REMOVAL (Specify) BUT1 all FUNERAL DIRECTOR | /6/1969 Bel | Air Mem. Gardens | | ford, Md. |
| VR A15 (4) | | harles E. K | | N/ 2 AA | BY REGISTRAP 25b. AEBISTRAR'S S | In Judge |
| 43/11 - 1/100 | | HOTTED D. V. | araz garrege | sville, Md. DATE | " | 77 - |

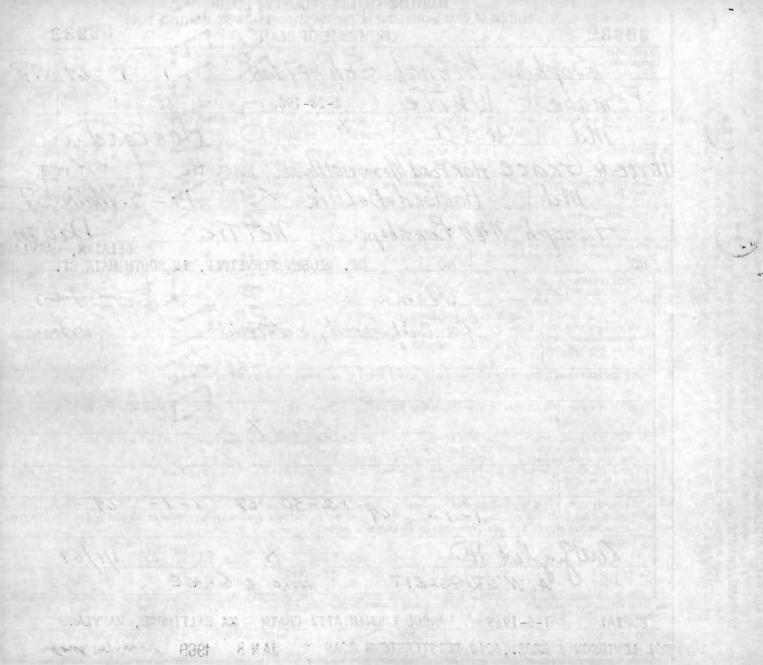
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| HEALTH DEPT. | | ECEASED-NAME Type or Print) | First | Middle G. | Schale lost | ffer | 2a. DATE KNOWN OF ESTI- DEATH MATED | | Day Year | 2b. HOUR |
| delay and 3 M3. Page | 3. 5 | A. RACE | S. DATE OF BIRTH Feb. 22,1 | .917 6. AGE (In lost birthd | years IF UNDER 1 YEAR ay) MONTHS DAYS YRS. | | 2c. DATE PRONOUI | | Year 69 | 2d. HOUF |
| death Chira | caun | BIRTHPLACE (State or foreign try) Pa ITY OR TOWN OF DEATH Idgewood | 7b. CITIZEN OF WHAT (US 11. NAME give stree | OF HOSPITAL OR INSTITU | | IVORCED | Harford OCCUPATION (Kind of at working life, ever | n if retired \ | 12b. KIND OF BU | |
| after alang alang with with | 13a. | USUAL RESIDENCE (Where d | eceased lived, if institution 13b. COUNTY Ha | rford 13c. | CITY OR TOWN Edgewood | 13d. INSIDE CITY LIMITS? YES R NO | 13e. STREET AND N | NUMBER | Restaur Highway | ant |
| 24 haurs in Item III is printed in Item III | 14. F | ATHER'S NAME First Sam | Middle | last Schaeff | 1s. MOTHER'S A | | rst s sie | Middle | Bolt | on |
| thin minel page hou | | WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If ye | | 02-05-1306 | 17. INFORMANT Cyril S | Schaeffer | , 436 Hess | | ven, Pa Schuvlk | 9 2d. HOU 9 2d. HOU 9 2d. HOU 9 1 2d. HOU |
| ate shauld be executed g the word "pending" is at the Chief Medical is a burial-transit permit. | | PART I. DEATH WAS C | DUE TO, OR AS DUE TO, OR AS (b) DUE TO, OR AS (c) | A CONSEQUENCE OF | ATED TO THE TERMINAI | | | 5 e 1 s | | |
| writ writ rwar rwar nsed | CERTIFICATION | 19a. DATE OF OPERATION | 196 | o. CONDITION FOR WHICH WAS PERFORMED? | 1 OPERATION | | | | 20. AUTOPS | (|
| CAL EXAMINER: This execute the certificate, or. Page 4 should be for your files. CTOR: Page 3 should be to burial, crematian, ar rer | MEDICAL CER | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTI CAUSE OF DEATH 21d INJURY OCCURRED WHILE WHILE AT WORK AT WORK | 21b. TIME OF INJU HOUR A.M. P.M. 21e. PLACE OF INJURY (At h factory, affice building, e | JRY Manth, Day, Year 19 ame, farm, street, tc.) | 21c. HOW INJURY 21f. LOCATION Stre | | ature of injury in Part City or Tawn | 1 ar Part 2, Iter | m 18.) Caunty | State |
| ssary, please executions of the prior of the | | 22a. I certify the death resulted from | ot I took charge of the rem: Natural causes Compared Co | Accident [| , Suicide , | | ANNER DEXAMINER DE | |] w | ny apinia |
| 10 Di nece the 5 m TO FU Head | | BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Jan.1,1968 | Geschwin | etery or crematory adt Funera | 1 Home | 3d. LOCATION (City or Schuykill | Haven | F | (State) |
| VR A15ME (5) 10M REV. 1/68 | | funeral director oward K. McCo | omas & Son. | Abingdon. N | Md. 21009 | 250. REC'D BY | | ACCOMPANY S | May June | 1ge |

MARYLAND STATE DEPARTMENT OF HEALTH

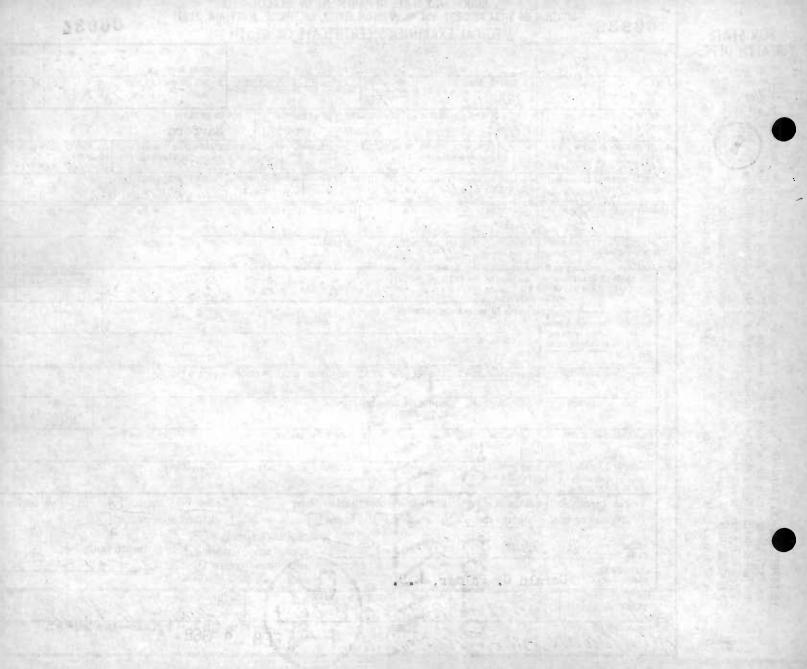
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00933 00935 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH death. 2b. HOUR executed within 24 hours after deoth funeral 1 ond (Type or print) Month 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 2-28-1906 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED T DIVORCED [and kompletely fills CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR AT HOME 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addre BELAIRM MARYLANI requires that the death certifica Yes, no, or unknown) (If yes give war or dates of service) NO MR. REUBEN SCHNEIDER. 18 SOUTH MAIN ST 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) . PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove) breest Mostastatic burial-transit rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been for use os the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while 220. I certify that (I) (this hospital) attended the deceased from 12-30, 1968, to 1-1-1969, that (I) (we) last saw the deceased alive on 1-1-1967, and that in (my) (our) opinion death occurred on the date and hour and from the be retained causes stated above, (I) (we) (did) (did nat) view the bady after death. ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS HAVRE de 22d. PHYSICIAN'S W. GRIGOLEIT NAME (Type) director, should by 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 1-5-1969 ANSHE EMUNAH AITZ CHAIM MX BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE LEVINSON & BROS., 6010 REISTERSTOWN ROAD Michaeley Ymogr DATUAN 8



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a, DATE KNOWN 2b. HOUR (Type or Print) ESTI-Poge 0 DEATH MATED 0 deloy 6. AGE (In years IF UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR pup PM3. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED Harford WIDOWED L DIVORCED Md 12a. USUAL OCCUPATION (Kind of work done TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ofter deoth during most of working tite even if retired.) give street address Give the Chief Medical Examiner's Office olong deoth. lond 2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. 13e. STREET AND NUMBER 186. COUNTY 24 hours in Item 1 offer 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last First Middle hours pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS within pencil permit. File .= APPROXIMATE INTERVAL executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), This certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = should be forworded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION used 20. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO T pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M PRIMARY OR CONTRIBUTING CAL EXAMINER: burial, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 2 Inquiry ond in my opinion retained deoth resulted from: Natural couses Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI pe DEPUTY MEDICAL EXAMINER may **EXAMINER'S** Heolth Gerald C. Palmer, M.D. ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 50 23a BURIAL CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) 250. REC'D BY REGISTRAS 69 25b/ REGISTRAPIS SIGNA FUNERAL DIRECTO VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



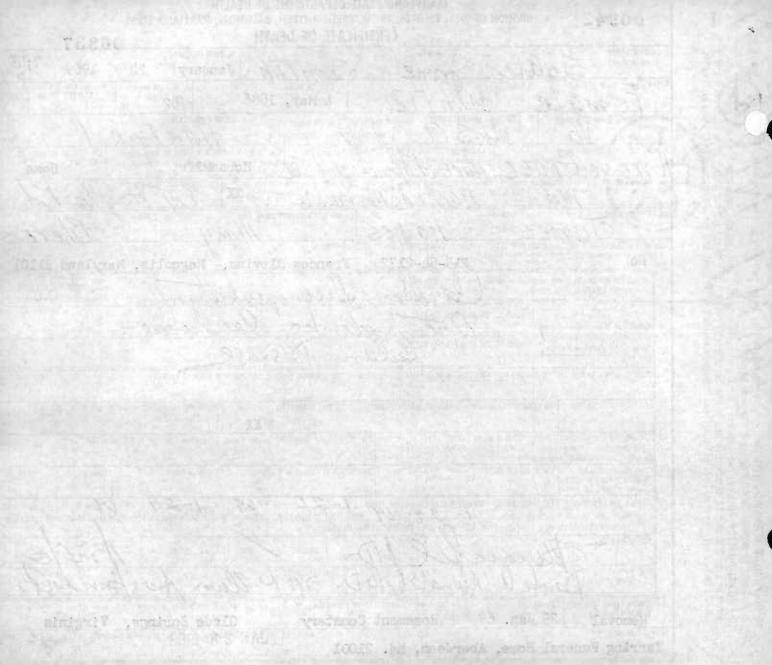
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| HEALTH DEPT. | | CEASED-NAME ype or Print) | First | | Midd | le | Lost | | 20. | DATE KNOWN | - | 1 1 | Year 2b. HOUR |
| deloy is and 3 ta M3. Page traent of | 3. SEX | r Female | 4. RACE White | S. DATE OF BIRT | | 6. AGE (in years lost bighday) | SINGLE: IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 2 | | DATE PRONOUNCE | | Yeor | 69 2d. HOUR |
| 1, 2, m Pl | | IRTHPLACE (Stote | or foreign | 7b. CITIZEN OF WHA | T COUNTRY? | 8. MA | RRIED NEVER / | MARRIED | 9. COUNTY | OF DEATH | | (7 | 19 6 ph |
| | | TY OR TOWN OF | DEATH | 11. NA | | L OR INSTITUTION | (If not in hospit | 10l 12o. US | | ATION (Kind of | | 12b. KIND INDUSTRY | OF BUSINESS OR Home |
| s after deoth 18. Give Pag along with 2 with the Sta deoth. | 13o. U odi | USUAL RESIDENC mission) STATE | E (Where deceos Marylan | ed lived, if institut | | before 13c. CITY | or town erdeen | 13d. INSIDE CITY LI | MITS? 13e. | STREET AND NU | JMBER | livery | |
| | 14. FA | THER'S NAME | First John | Middle E. | Lliott | (D) | 15. MOTHER'S N | NAIDEN NAME | first Mary | | Aiddle L | uff |)(D)(|
| within 74 in pencil in Examiners File pages | | vas deceased evi es, No r unknow | ER IN U.S. ARMED I | ORCES? war or dates of service) | 220-14 | | 7. INFORMANT Mary P | inckney | , B | altimor | | | od |
| ate shauld be executed githe word "pending" is at to the Chief Medical s a burial-transit permit. | | PART I. DI 45 Conditions, if or rise to immedi stoting the uni last. | MAS CAUSE IMMEDIA ny, which gove ote couse (o), iderlying couse | DUE TO, OR | Hemory AS A CONSEQUE AS A CONSEQUE | hage fr | | | | | | BETWI | EEN ONSET AND DEATH |
| 2 2 5 | CERTIFICATION | 190. DATE OF O | PERATION | | 19b. CONDITION WAS PERF | | | | | | 16.5 | | AUTOPSY? YES NO 🛣 |
| INER: ne certif should files. 3 shoul | DICAL | 21d. INJURY OCC | CONTRIBUTING [| HOUR A.M P.M PLACE OF INJURY (A | A. t home, form, : | 19 | Tr. HOW INJURY | | er noture of | City or Town | or Part 2, | County | State |
| no DEPUTY DICAL EXAM necessary, please execute the funeral director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Poge Health prior to buriol, cren | 230. | ACTUAL SIGNATURE EXAMINER'S NAME (Type) | certify that I to sulted from: Service Ger TON, 123b. | ctory, office building ook chorge of th (Noturol cous A C F ald C. Pa | es X, A | ccident [], | Suicide | Homicide CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL ADDRESS(Street, | EXAMINER CAL EXAMINE L EXAMINER city, town, | Undetermined R D | 22b. DAT | TE SIGNED | d in my opinion Garyland (Stote) |
| 00 | | REMOVAL (Speci Burial FUNERAL DIRECTO | (Y) 18 | Jan. 69 | | Aker Cen | | 2So. RJQQ | Abe | erdeen, | (Har | | Maryland |
| VR A15ME (5) | T | arring | Funeral | | | . Md. 2 | 1001 | DATE | - 0 | .000 | ß | 0 | |

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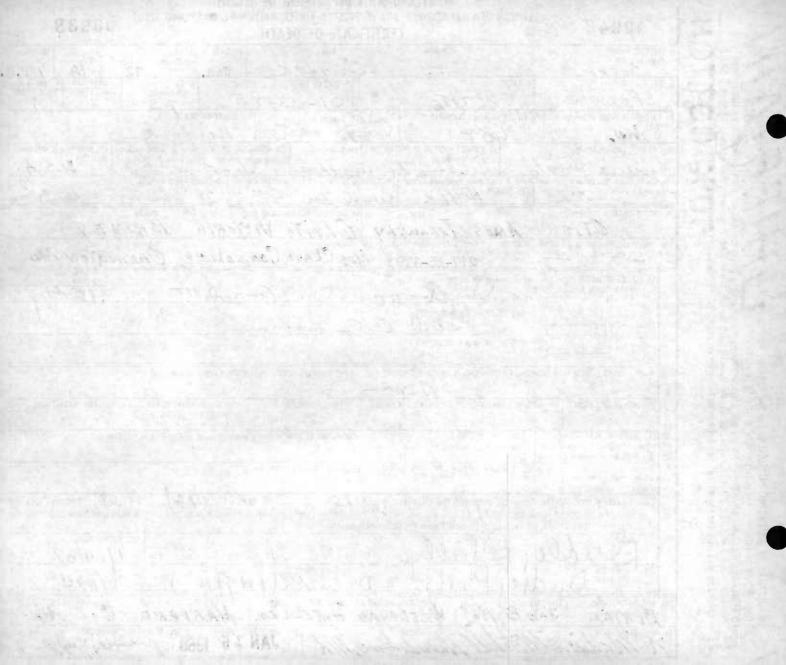
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| | | Н | 00941 | DIVISION OF VITAL RECORDS, | | | ORE, MARYLAND 212 | 01 | |
| | | Ш | UUUTI | | CERTIFICATE | OF DEATH | | 00936 | |
| 5 | #2- # | | ECEASED-NAME First | Middle | Lost | | 2a. DATE OF DEATH | D V | 2b. HOUR |
| | by the feneral Pages 1 and nour after death | | Type or print) Hugh | E. | Smith | 1 Se. 3rdi | JAN | Day Year | 1815 |
| | 草等发 | 3. 9 | EX | 4. RACE | | OF BIRTH | 6. AGE (In year | S IF UNDER 1 YEAR MONTHS OAYS | IF UNOER 24 HRS |
| | o de de | | male | negro | 1 24 | +N.11 -191 | 09 last birthday) | YRS. MONIHS OAYS | Hours Min |
| | by P | | BIRTHPLACE (Stote or foreign ntry) | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVE | R MARRIED 9. | COUNTY OF DEATH | | |
| | d in pers | COL | MD. | USA | WIDOWED [| DIVORCED [| HARF | | N |
| | vithin 24 hours by filled in by toon popers. Pay | 10. | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INS | 1.1 | A A Landar was a | OCCUPATION (Kind of work of | dane 12b. KIND OF B | USINESS OR |
|) | 4 5 5 5 5 | A | perdeen Troving 6 | Cound give street address) KA | rmy Hospi | Tall Ir | of working life, even if retir If ant | In | fant |
| 1 | ed cor cor | 13o | USUAL RESIDENCE (Where decease | d lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS | | R | |
| | ecut ove | 4 | 1/14. | 13b. COUNTY Hartord | Aberdee | | S I S J L | THU | re. |
| | ex lou | 14. | FATHER'S NAME First | Middle Last | IS. MOTHE | R'S MAIDEN NAME First | Midd | 1 01 | Last |
| | on on o | | Hugh | Elga Smit | カノリ | Lin | | rie Bi | ow |
| | The low requires that the death certificate be executed within 24 hours ofter death, attending physicion. Hos been signed by the attending physician and completely filled in by the feneral se as the buriol-transit permit. Then please remove carbon papers. Pages 4 and 2 th prior to buriol, cremation, or removal, and in any event, within 72 hours after death | 160 | WAS DECEASED EVER IN US ARMI | r or dates of service) | | E. Smith, | 1-2723 E 2 | ind Ave Ab | erdee |
| | phy en ovo | - | 1 | N/A | | L. SMITH, | II, A INSE d | | ATE INTERVAL |
| | ing ing | | 18. CAUSE OF DEATH (Enter anim PART I. DEATH WAS CAUSED | ane couse per line far (a), (b), and (c). | | 1 | | | SET ANO DEATH |
| | lend mit. | | | TE CAUSE (a) | nany | Hpnea | | | |
| | per ion, | | 1/67 | DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| | the the mail | Н | Conditions, if ony, which gove rise to immediate cause (o), | (b) | | | | | |
| | transfer | П | stating the underlying couse | DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| | ny sice gne riol | E | | (c) DITIONS CONTRIBUTING TO DEATH BUT NO | OT DELATED TO THE TEL | DAGEN OF THE PROPERTY OF THE PARTY OF THE PA | DITION CIVEN IN DART 1/- | | |
| | The low requires the attending physicion. hos been signed by se as the buriol-traith prior to buriol, cre | | TAKT 2. OTHER SIGNIFICANT CON | 20 1 | . · L | CHINAL DISEASE OR COM | Dillon Given in FAKT I(d) | | |
| | e low re tending s been as the prior to | TION | 19a, DATE OF OPERATION 19b, C | ONDITION FOR WHICH OPERATION WAS PE | REORMED 200 | AUTOPSY? | 20b. IF YES, WERE FINDI | NGS CONSIDERED IN CEL | RTIFYING |
| | the later of the l | CERTIFICATION | | | | ES NO | CAUSES OF DEATH? | | |
| | or aff or aff or aff use alth | CERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | | ture of injury in Part 1 or Pa | ort 2. Item 18.) | |
| | rtal c ificat for f He | MEDICAL | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. Manth Day Year | 7.4 | | | | |
| | by the hospital or attending by the hospital or attending (ffer this certificate hos been be detoched for use as the Stote Dept. of Health prior to | MED | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME, FARM, STREET, FAC | | Street or R.F.D. Na. | City or Town | County | State |
| | PH and have have have betood | | While Nat while at wark | OFFICE BUILDING, ETC. | 1 1 3 3 | | | | |
| | by the feer be do Stote | | 22a. I certify that (I) (this | s hospital) attended the decease | ed fram 113 | an 6919 6 | 1, to 11 Tan | 19_01, that | (I) (we) lo |
| | ND A P | Н | sow the deceased oli | ve an 10 - 11 3 am 1 | 9 02, and that i | n (my) (aur) opinio | in death accurred an th | ne date and haur a | nd fram th |
| 0 | One oine | н | | (I) (we) (did) (did not) view the | body offer deofn. | | | 22c. DATE SIGNED | |
| | OR ATTENDING be retoined by the NRECTOR: After the 3 should be ded with the Stote | | 22b. SIGNATURE | I was HIRONIA | | TENDING MED. | CTOR STAFF | 11 gas C | 101 |
| | o de la persona | | 22d. PHYSICIAN'S | Marca I Marco | | ADDRESS DIKE | LIUK CO PHYS, CO | 11 yan c | 77. |
| | RAIL MO HO PITA | | MANUFIT - A | RD H HELLER, CPT. | | | HOSP ABERDE | EN PROVING | GR.MD |
| | O HOSPITAL OR ATTENE Poge 4 moy be retoined FUNERAL DIRECTOR: A director, page 3 should should be filed with the | 230 | BURIAL CREMATION. 23b. D | | CEMETERY OR CREMATO | | 3d. LOCATION (City or Town) | (County) | (State) |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | | | | National | Cemetery | Hampton, | Virg | inia |
| , | VR A15 (4) | | FUNERAL DIRECTOR | ADDRESS | | 250 REC'D BY R | EGISTRAR 25b, REGIST | TRAR'S SIGNATURE | |
| | 30M PEV 1/68 | | Terrand Funeral | Home Aberdeen. | Md. 21001 | JAN 10 | 1969 | well have | - |

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MARYLAND STATE DEPARTMENT OF HEALTH 00942 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00937 DECEASED-NAME Middle 20. DATE OF DEATH death. death. January Month 2/1 Doy (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 4 May, 1886 last birthday) 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED A DIVORCED | The law requires that the death certificate be executed within 24 physician and campletely filled 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION 12b. KIND OF BUSINESS OR during most of working life even if retired.) **INDUSTRY** remave carban Home 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY and in any 14. FATHER'S NAME Middle 115. MOTHER'S MAIDEN NAME First Middle Lost 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) (If yes give war or dates of service) 235-54-2172 Frances Blevins. Magnolia, Maryland 21101 18. CAUSE OF DEATH (Enter only one couse per, fine for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been shauld be detached far use as the vith the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO KX YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive an___ _189, and that in (my) (aur) apinian death accurred an the date and hour and from the couses stated abave, (1) (we) (did) (did pot) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page shauld be filed PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25 Jan. 69 Rosement Cemetery Glade Springs. Virginia REGISTRARIS SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69 Tarring Funeral Home, Aberdeen, Md. 21001 DATE



| | | | | D SIATE DEPARTM | | | | |
|---------|---------------|--|--|-------------------------------|--------------------------|------------------------------|-----------------------------|----------------|
| 777 | | 00943 | DIVISION OF VITAL RECORDS, | | | E, MARYLAND 2120 | 00938 | 8 |
| | | 00340 | | CERTIFICATE OF | DEATH | | 00000 | 3 |
| 2 - | 1. DI | CEASED-NAME First | Middle | Lost | 20. | DATE OF DEATH | | 2b. HOUR |
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| ge | - | Steele | 7. | | | Jan. 1 | 2 69 | 7 P.M. |
| 1 | 3. SE | | 4. RACE | S. DATE OF BI | _ | 6. AGE (In years | IF UNDER 1 YEAR MONTHS DAYS | HOURS MIN. |
| 4 | | remale | WhITE | 0/- | 23-95 | last birthday) | 'RS. | HOOKS MIR. |
| 6 | 7o. E | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MAR | | INTY OF DEATH | | |
| | caur | | YINA | A . | RCED | blacked | | |
| P) | 10 0 | ITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR IN | STITUTION (If nat in haspital | | UPATION (Kind of wark do | TION VIND OF F | Md. |
| 1 | 10. | A DEATH | give street oddress) | or // | | working life, even if retire | | JUSINESS UK |
| 1 | M | eure de Viace | ctimens 1 | lecrosing some | e so | of worke | V - 61 | S.A. |
| 0 | | USUAL RESIDENCE (Where decea ssian) STATE | sed lived, if institution: Residence before | 13c. CITY OF TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | | 12. |
| 1 | Odin | ssidily state mak | 13b. COUNTY Harford | Navre de fre | YES NO | It Johns | Towers Ha | vende ober |
| 1 | 14. F | ATHER'S NAME First | Middle Last | IS. MOTHER'S MA | AIDEN NAME First | Middle | 1 | Lost |
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| | 160 | WAS DECEASED EVER IN U.S. AR | | NO 17 INFORMANT | IA VICIO | Addres | | |
| | | es, na, or unknown) (If yes give | war or dates of service) | 21 /21 . | RK CONNE | ISKE DA | KINIOTON | Ma |
| | | | 217-46-17 | 93 1983. 6-17 | AIL CONTINE | THE CHI | | MATE INTERVAL |
| | | 18. CAUSE OF DEATH (Enter or | nly one cause per line far (a), (b), and (c) | .) | Section 1 | | BETWEEN ON | ISET_AND DEATH |
| | | PART I. DEATH WAS CAUSE | ATE CAUSE (a) | rosca Qa | · Boro | di I | 100 | 0_ |
| | | 4369 | DUE TO, OR AS A CONSEQUENCE OF | 1-0 | | | | |
| | | Canditions, if ony, which gave | | Co. 5 | ~ O | | | |
| | | rise ta immediate couse (o), | (b) | car and | Sec. 11 | | | |
| | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| | | last. |) (c) | | | | | |
| | | PART 2. OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINA | L DISEASE OR CONDITI | ON GIVEN IN PART 1(a) | | |
| | 2 | | NO | rl | | | | |
| | 8 | 190. DATE OF OPERATION 19b | CONDITION FOR WHICH OPERATION WAS PI | RFORMED 20a. AUTO | PSY? | 20b. IF YES, WERE FINDING | GS CONSIDERED IN CE | RTIFYING |
| - | 35 | | | YES | NO 🗀 | CAUSES OF DEATH? | | |
| | CERTIFICATION | 21o. ACCIDENT WAS UNDERLYI | NG 21b. TIME OF INJURY | | | e of injury in Port 1 or Por | t 2 (tem 18.) | |
| | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Manth Day Year | | 2220 (2110) (1010) | 5 5. mpor) ni ron r or ron | . 2, 110111 1011 | |
| | MEDICAL | (If either, notify medical exam | | 9 | | | | |
| | S | 21d. INJURY OCCURRED 21e | . PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | CTORY.) 21f. LOCATION Stree | et or R.F.D. No. | City or Town | County | Stote |
| | | While Nat while at wark at wark | | | | / / | | |
| | | 22a. I certify that (I) (th | nis haspital) attended the deceas | ed from///S | , 19_68, | to_[//3] | 19.69 , that | (I) (we) lost |
| | | saw the deceased o | alive an | 19_69, and that in (m | y) (our) apinian | death accurred an the | e date and haur o | and fram the |
| | | causes stoted abov | e, (I) (we) (did) (did nat) view the | body after death. | | | | |
| | | 22b. SJGNATURE | 1 1 00 | ATTENDIA | NC - MED | CTAFF | 22c. DATE SIGNED | |
| | | MINU | ly Phillip | DEGREE PHYS. | NG MED. | R PHYS. | 1/14/0 | 9 |
| | | 22d. PHYSICIAN'S | Market State of the state of th | 22e. ADD | | - 1 | 1.110) | |
| | | NAME (Type) | dey Phillips | MD D | HRLING | I on ho | 21054 | 100 |
| | 00 | DUDIN COLUMNIA | 000 1001 | CEMPTEDY OF CHEMPTORY | 230 | LOCATION (Character) | (County) | /SA=A= \ |
| | 230. | | DATE AN. 15 1969 WESL | CEMETERY OR CREMATORY | / / / / | 1/10 | (County) | Mo (State) |
| | L | | MININ 170/ WEST | EYANL MAPE | | HAKFORD | | me |
| | 24. | FUNERAL DIRECTOR | THE AND ADDRESS | 16 9411 | 2Sa. REC'D BY REGI | STRAR 2Sb. REGISTR | AR'S SIGNATURE | 4.00 |
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| | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | | |
|--|---------------|---|--|--|
| 13/ | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | |
| | | 00944 CERTIFICATE OF DEATH | 00939 | |
| # 1.2 1.2 1.2 | | DECEASED-NAME First Middle Last 2a. DATE DF DEATH | 2b. HDUR | |
| after deoth he funerol ges 1 ond 2 after death | | Type or print) Homer Rouse Sprinkle Januarity Day | 10/100 753 | |
| fur for fer | 3. S | EX 4. RACE S. DATE DF BIRTH 6. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| the face of | | MAR With 13/896 last birthday) you | MONTHS DAYS HOURS MIN | |
| on to one | 7a. | BIRTHPLACE (State or foreign 7b. CITIZEN DF WHAT COUNTRY? B. MARRIED TO NEWS MARRIED 19 COUNTY OF DEATH | | |
| completely filled in by ove carbon papers. Pay y event, within 72 hours | COU | | Md | |
| fille pal hin | 10. | CITY OR TOWN OF DEATH 11. NAME OF HDSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane | 12b. KIND DF BUSINESS OR | |
| bon with | H | HAVE OR GRACE HARTORY I JAM HACO Fish Ital Attenuated before | S. DATE DF BIRTH S. DATE DF BIRTH | |
| plet car | 13a. adm | USUAL RESIDENCE (Where deceased liver), if institution: Residence before 13c. CITY DR TDWN, 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER | | |
| com | | IVI d VECIL TOT DEPOSIT TO NOW DOX 6X | | |
| Se du lo | 14. | FATHER'S NAME First Middle Last 15. MDTHER'S MAIDEN NAME First Middle | Last | |
| ian ar ase rund in | | LAFFAYETTE S. SPRINKLE SARAH | COLE | |
| 9 9 9 6 | | | WEEG PRIVE N.W. | |
| equires that the death certificate be executed within 24 hours after deoth. physicion. signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death. | | (es, no. of unknown) (It yes give wor or dojes of service) 199-07-1009 HAROLD L. SPRINKLE HONTSVILLS | | |
| ing emile | | 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| eatl endi nit. | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral amorgia | | |
| office d | | 4/24 DUE TO, DR AS A CONSEQUENCE DE | | |
| the the national | | Conditions, if ony, which gave rise to immediate couse (o), (b) Pulmonary edoma | Holan | |
| tha on. by ran crer | 9 | stating the underlying course DUE TD, DR AS A CONSEQUENCE OF // | 24 | |
| equires tha physicion. signed by burial-tran | 43 | | Than | |
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| w rating sen the | S | Hemorrhagic anama due to pylonie Channel ulcer - | | |
| s bus as brio | CERTIFICATION | 190. DATE OF DERATION 19b. ONDITION FOR WHICH DERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO | INSIDERED IN CERTIFYING | |
| The off | RTIFI | TES NU | | |
| AN: cate or u | | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH AMOUNT DAY 21c. HDW INJURY DCCURRED (Enter nature of injury in Part 1 or Port 2, II | tem 1B.) | |
| SIC. | MEDICAL | (If either, natify medical examiner) P.M. 19 | | |
| Poge 4 may be retained by the hospital or ottending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion director, page 3 should be detoched for use as the burial-transit permit. Then ple should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removal, a | M | 21d. INJURY OCCURRED While Not while at work 21e. PLACE DF INJURY (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. 21f. LDCATIDN Street at R.F.D. No. City at Town | County Stote | |
| NG The ter to tee d | 13 | | 58_, that (I) (we) lost | |
| NDI Bd bd Bd b | | saw the deceased olive on 1968, and that in (my) (our) opinion death occurred on the dat | te ond hour ond from the | |
| OR Gine | | couses stored obove, (1) (we) (did) (did not) view the body offer deoth. | | |
| R A reth | | ATTENDING SET MED - STAFF - | DATE SIGNED | |
| Dige being | | DEGKEE PHYS. DIRECTOR PHYS. | 1169 | |
| RAL RAL be f | | 22d. PHYSICIAN'S NAME (Type) AWERIGOLEIT 22e. APPRESS LE GRACE | | |
| HOSPITAL OR ATTENDING age 4 may be retained by t FUNERAL DIRECTOR: After irector, page 3 should be d hould be filed with the Stote | 22.0 | | | |
| TO He Poge dire | 230. | REMOVAL (Specify) T (11010 11 | (County) (Stote) | |
| E - E 00 | 24. | SUNTAL JAN. 4,176 9 HARFORD MEMORIAL TRIPLENS HARFORD FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRARS 2 | SIGNATURE | |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00945 CERTIFICATE OF DEATH 11.1941 DECEASED-NAME death. Middle 20 DATE OF DEATH 2b. HOUR executed within 24 haurs after death funeral s.l and (Type or print) G. Month DOMAS ANU 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF LINDER 24 HRS last birthday) MALC 17 February HOURS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED N NEVER MARRIED .= country). WIDOWED I DIVORCED [HARFORD completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR remave carban during most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES X NO any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last (D) Clarence Thomas Thelma Thomas physician please pup requires that the death certificate 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes. no. or unknown) (If yes give war or dates of service) 232-56-8767 remayal. Eleanor M. Thomas. attending pny-Aberdeen, Maryland Yes Korean APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove? burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the this certificate has been 190, DATE OF OPERATION 194. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES 🗀 NO X by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far HOUR A.M. Manth Day Year OR CONTRIBUTING CAUSE OF DEATH af (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 12 - 9 1900, to JAN. 11 . 19 69_, that (I) (we) lost sow the deceosed olive on 3AN. 11 1969, and that in (my) (our) opinion death occurred on the date and hour and from the Page 4 may be retained couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED director, page 3 shauld be filed DEGREE DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) William Brendle, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State REMOVAL (Specify) 13 Jan. 1969 Calvary Methodist Cemetery Churchville, (Harford) 24. FUNERAL DIRECTOR ADDRESS BY REGISTRAR Tarring Funeral Home, Aberdeen, Md. 21001

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| de de | _ | ype or print) JOHN | WILLIA. | m | OMLIN | | Jan | 6 | 1045PM |
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| equires that the death certificate be executed within 24 haurs after death, physician. signed by the attending physician and camplesely filled in by the funeral burial-transit permit. Then please remave carban papers, Pages Tand 2 burial, crematian, ar remaval, and in any event, within 72 haus after death. | | BERDEE N | give street od | ress) N 10 M | Y HOSP | | Arking life, even if retir | ed \ INDUSTRY | |
| 4 day = | 1 - 4 - | USUAL RESIDENCE (Where decease | ed lived if institution: Resi | dence hatara 113c Cl | TY OR TOWN 13 | 3d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBE | Inf | anu |
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| cate sicio pleo ar | 16a. | WAS DECEASED EVER IN U.S. ARM es, no, or in the same with | ED FORCES? 166. SU ar or dates of service) | CIAL SECURITY NO. | 17. INFORMANT | m T. Toml | in Abon F | rov. Gd., | Ma |
| phy en production | | 700 | | rone | WILLIAM | III I. IUML | in, Roel i | | |
| e H | | 18. CAUSE OF DEATH (Enter onl | y ane cause per line for (o |), (b), ond (c).) | 7 | 1 | | APPROXIA BETWEEN O | MATE INTERVAL INSET AND OEATH |
| ndi ii. iii. | | PART I. DEATH WAS CAUSED | BY: TE CAUSE (a) | espirat | 610 | 2114 | LUS | 55 6 | 485 |
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| the the | | Conditions, if ony, which gave) | | SEGOLINCE OF | 1 | | | | |
| y # | | rise ta immediate cause (a), | (b) DUE TO, OR AS A COM | SECULENCE OF | | | | | |
| # ro - + | | stoting the underlying couse | DUE TO, OK AS A COM | DEQUENCE OF | | | | A F | |
| y sid | | _ | (c) | DEATH BUT NOT BELL | TER TO THE PERMINAL | DISTANCE OF COMPLETE | DAY COMPANY ON PART 1/ 1 | | |
| phd sic phd | | PART 2. OTHER SIGNIFICANT CON | DILIONS CONTRIBUTING TO | DEATH ROLL NOT KETA | TED TO THE TERMINAL | DISEASE OR CONDITI | ON GIVEN IN PART I(0) | | |
| The law reatending has been se as the h priarta | No | 472 1511 | ration | | | | | | |
| s b as | E | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPER | ATION WAS PERFORME | | | 20b. IF YES, WERE FINDI | NGS CONSIDERED IN CE | RTIFYING |
| The off | CERTIFICATION | | | | YES X | NO 🔲 | CAUSES OF DEATH? | | |
| A: are are eal | | 21a. ACCIDENT WAS UNDERLYIN | G 21b. TIME OF INJURY | | 1c. HOW INJURY OCCU | IRRED (Enter nature | af injury in Part 1 or Pa | art 2, Item 18.) | 4 |
| 音音音 | MEDICAL | OR CONTRIBUTING CAUSE OF CEATH | HOUR A.M. Montl | Doy Yeor | | | | | |
| YSI asp cer cer cer | ME | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME | FARM, STREET, FACTORY. | If. LOCATION Street | or R.F.D. Na. | City or Tawn | County | Stote |
| PH his his Dela | | While Nat while at work | (OFFICE B | JILOING, ETC. | | | | | |
| NG the arter of th | | 22a 1 certify that (1) (thi | - hospital) attended | the decensed from | n 9 TAN | 1964 | to 9 . TAN | 19 69 that | (1) (m) Inst |
| Aft by St | | 22a. I certify that (I) (this saw the deceased al | ive on9_5 | 1AN 1964 | and that in (my | (our) opinion | leath accurred on th | e date and hour | and from the |
| # FEN | | causes stated above | (I) (we) (did) (did-ne | t) view the bady | fter death. | , (, - | | | |
| AT et al. | | 22b. SIGNATURE | 0/11/1 | | | | | 22c. DATE SIGNED | |
| OR Ser | | Caunel | July 1 | | DEGREE PHYS. | MED. DIRECTOR | STAFF PHYS. | 9 JANI | 69 |
| | | 22d. PHYSICIAN'S | /1/ | 1111 - | 22e. ADDRI | | | 7 | - |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execupage 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came director, page 3 shauld be detached far use as the burial-transit permit. Then please remave shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any every and in any expressions. | | NAME (Type) SAM | UEL KA | AYE, CPT, | ms4 US | KIRK AK | MY HOSP | APG MJ) | / |
| OSI PJNE Cta | 230 | BURIAL, CREMATION, 23b. I | DATE I | 3c. NAME OF CEMETER | Y OR CREMATORY | 234 | LOCATION (City or Tawn) | (County) | (State) |
| ogg of F | 250. | | Jan. 1969 | Coleman (| | | verside | Alabama | , , |
| 5-6 | | FUNERAL DIRECTOR | Vail. 1/0/ | ADDRESS | | | | RAR'S SIGNATURE | |
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| 1 | | 00947 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | |
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| and 2 death. | (1 | Type or print) JACOL PHILLIP WALTMAN Manth 25 1969 4 | copm |
| ages 1 | | male white 7-11-80 last birthday) MONTHS DAYS HOURS | 24 HRS. |
| ine dienuing physical dia camplegay lined in by he relist permit. Then please remave reform appers. Pages 1 nation, ar remaval, and in any event, within 72 haurs after | COUL | BIRTHPLACE (State or foreign of the CITIZEN OF WHAT COUNTRY? NARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED HAr for d. | Md. |
| int within | 10. C | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 12b. KIND OF BUSINESS during mast of working life, even if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) | OR |
| St en | 130 | USUAL RESIDENCE (Where deceosed lived, if institution: Recidence before listing) STATE Mid 13b. COUNTY Harford Topp A YES NO 1700 Hanson Road | |
| | 14. F | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost John Waltman Annie Schillm | an |
| | 16a. Y | Was Deceased ever in U.S. ARMED FORCES? Yes, no, or unknown) 10 10 10 10 10 10 10 10 10 10 | Last Last Last Last Last Last Last Last |
| shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any every service of the state Dept. | NO | PART 1. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |)EATH |
| × | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? | ò |
| | EDICAL CE | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) Contributing Cause of Death HOUR A.M. Month Day Year P.M. 19 | PA, Md. Road. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RED IN CERTIFYING 3.) |
| | W | 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street at R.F.D. Na. City at Town County Street work | |
| | | 220. I certify that (I) (this hospital) ottended the deceased from, 19, to, 19 | e) lost om the |
| | | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. | |
| 1 | | 22d. PHYSICIAN'S NAME (Type) Lajos Mezei 22e. ADDRESS Havre de Grace, Md. | |
| 3 | 24. | FUNERAL DIRECTOR Jan. 28, 1969 Trinity Lutheran Cemetery Joppa Harford Me ADDRESS ADDR | |
| V) 1/68 | Ho | oward K. McComas & Son, Abingdon, Md. | |

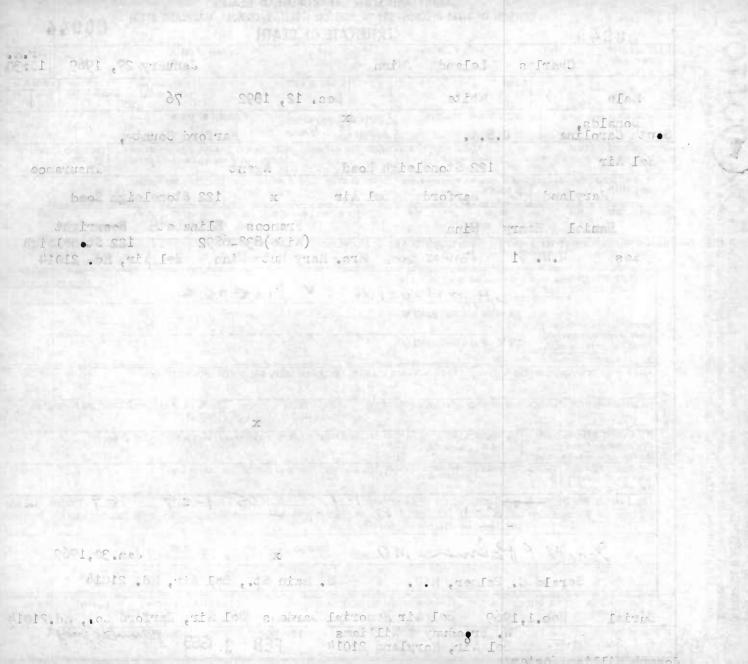
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| | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|---|-----------------------------------|
| 2 | | 0 0 9 4 8 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | 943 |
| ~ ~ . | 1.0 | CERTIFICATE OF DEATH | |
| and 2 | | DECEASED-NAME First Middle Lost Lost 20. DATE OF DEATH Month Pay | Year 2b. HOUR _ |
| Fee Land | 3. \$ | 10: NOT (III AGU) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Pag Pru | 7. | TEMALE WHILE MOV. 11,1002 OF YRS | |
| Personal Photogram | | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED | pd. Md |
| uted withing the softer leath inhetety filled in by the corbon papers. Pages I and 2 years, within 72 hours after death | 10, | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress) 12. during most of working life, eyell if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| ed within carban pent, with | 130. | UNRE-UE- A CE HARTORA ME MORIA 105 DI LA HOME MAKE. USUAL RESIDENCE (Where deceased lived, if institution-Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1 | |
| conted conted conted conted conted conted content cont | odn | nission) STATE Md. 13b. COUNTY CECIL RISINGSUM YES NO Calvert // | RSING Home |
| be execute and camp e femove | 14. | FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle | HILL DON |
| equires that the death certificate b physician. signed by the attending physicial burial-transit permit. Then please burial, crematian, ar remaval, and | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? OF, DO OF GRIKNOWN) (II yes one was a calculated service) Address Address | DISHER |
| phy phy nen nava | | \$12-30-321 ypoloshed pelley, ffeilia, 1 | APPROXIMATE INTERVAL |
| equires that the death certify physicion. signed by the attending phy burial-transit permit. Then burial, cremation, ar remava | | 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) OR COLORD VASCULAR (COLORD VASCULAR) | BETWEEN ONSET AND DEATH |
| atter perm an, a | | 4369 DUE TO, OR AS A CONSEQUENCE OF Seneralized ASC. U.B | 20 acrys |
| | | Canditions, if any, which gave rise to immediate cause (a). | 52 |
| es th sicion ed by al-tra | A | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| phys signe buric buric | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| ding ding seen the tro | NO | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 206. IF YES, WERE EINDINGS CON | |
| The loaten has the se as the price of the pr | CERTIFICATION | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? | ISIDERED IN CERTIFYING |
| IAN: ol or ficate far u Heal | ICAL CER | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Ite. OCCURRED (Enter noture of injury in Part 2, Ite. OCCURRED (Enter noture of injury in Part 2, | m 18.) |
| Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely director, page 3 should be detached far use as the burial-transit permit. Then please tetriove carbon should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, with the state Dept. | MEDI | (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town of work of work | County Stote |
| ING by th ter t ter t tate | | 22a. I certify that (I) (this haspital) attended the deceased fram (2-2), 19 66, ta (-65), 19 6 | 2, that (I) (we) last |
| TEND ined to SK: Af | - | 22a. I certify that (I) (this haspital) attended the deceased fram | and haur and fram the |
| R AT Second Sand | | ATTENDING - MED - CTAFE - 1 | TE SIGNED |
| AL O ay be ny be ny be page s filed | | 22d_PHYSICIAN'S 22e. ADDRESS | 13 69 |
| SPIT 4 m VERA | | NAME (Type) HENRY H. KWAK, M.S. 608 S. Comion ave, b | to we de price |
| O HO Page O Fur direct | 230. | BURIAL, CREMATION, 23b. DATE 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVATISPECTY) 1/8/1969 St. Maries Cometon Terrindle (| (County) (Stote) |
| VR A15 (PM) | 24. | FUMERAL DIRECTOR ADDRESS AND ALL VOSO. RECO BY REGISTRAR / 25b. REGISTRAR'S SIL | GNATURE |
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MAKTLAND STATE DEPAKTMENT OF REALTH



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| 100 | | 80950 | DIVISION OF | | 301 W. PRESTON STREET | | MARYLAND 212 | | |
| . ~ . | 1 0 | CEASED-NAME First | | Middle | ERTIFICATE OF D | | T. O. D. AT. | 0094 | |
| death neral ond 2 death | | ype or print) | / | FIMOR | Last Last | 2a. DA | TE OF DEATH Month | Day Year | 2b. HOUR |
| er do | 3. SE | x /+/ | 4. RACE | ELIGOR | S, DATE OF BIRTH | VA | 6. AGE (In year | 12 1969 IF UNDER 1 YE | 9 2 1 |
| # a a = | | MALE | WHI | ITE | 19 Feb | | last bribday) | YRS. MONTHS D | DAYS HOURS MIN |
| S. Poors | 7o. l | IRTHPLACE (State or foreign | 7b. CITIZEN OF WI | | 8. MARRIED A NEVER MARRIE | 9. COUNT | Y OF DEATH | | |
| 24 id in 72 | 1 | IRG-INIA | US, | | WIDOWED DIVORCE | | REORD | | N |
| fille fille | | ITY OR TOWN OF DEATH | 11. N/ | AME OF HOSPITAL OR INS | TITUTION (If not in hospital | | ATION (Kind of work rking life, even if reti | done 12b. KINI | D OF BUSINESS OR |
| d with | 120 | IRE de GRACE USUAL RESIDENCE (Where decease | IIA | street address) NEN | ORIAL HOSPITAL | Bookke | eeper | | n Impleme |
| complete complete y event, | admi | ssian) STATE MARY LAND | 13b. COUNTY | ARFORD | | INSIDE CITY LIMITS? | Be. STREET AND NUMB | UN ROAD | RD7_ |
| on con in ony | 14. [| ATHER'S NAME First | Middle | Last | IS. MOTHER'S MAIDE | | Mid | dle | Lost |
| ate be | | Edward N. W | | | | ith Via | | | |
| equires that the death certificate by physicion. signed by the ottending physician burial-transit permit. Then please burial, cremation, or remaval, and i | 16a. Y | WAS DECEASED EVER IN U.S. ARA es, no, or niknown) (If yes give w | MED FORCES? var or dates of service) | 16b. SOCIAL SECURITY N | M. J.Gaugh | n Route | #1, Bel A | ess ir, Md. | 20014 |
| cer Inel Inel | | 18. CAUSE OF DEATH (Enter on | ly ane cause per lir | ne for (a), (b), and (c). | | | | APF | PROXIMATE INTERVAL FEEN ONSET AND DEATH |
| s that the death cerion. I by the ottending promit permit The cremation, or rema | | DADT I DEATH WAS CALICE | D DV | | URE E OLIGUE | 9/3 | | | DAYS |
| offe on, | 1 | 5311 | DUE TO, OR A | S A CONSEQUENCE OF | | | | | |
| the the sit mati | - | Conditions, if ony, which gave rise to immediate cause (a), | (b)/*// | | TRA VASCULAR | AEMOLYS! | 15 | | 11 |
| thor by tror crea | | stating the underlying couse | | S A CONSEQUENCE OF | 0501 01174 | | | | FNCY |
| equires that the physicion. signed by the burial-transit burial, cremat | | last. | | | RECALL PHEM | | | W FREE | ANTIGE |
| requestion side | | PART 2. OTHER SIGNIFICANT COM | NEED (| ENRONIC | - ACUTE PYL | LONEPHR | 1715 | | |
| law ndin beel s thi | TION | MARGINAL 19a. DATE OF OPERATION 19b. | CONDITION FOR WH | ICH OPERATION WAS PER | FORMED 200 AUTOPSY | 2 01147 10 | Ob. IF YES, WERE FINDI | INGS CONSIDERED I | IN CEPTIFYING |
| The offer hos se as | CERTIFICATION | | | | YES | | AUSES OF DEATH? | / CONSIDERED ! | N CERTIFINO |
| N: 1 or or r us ealt | | 21a. ACCIDENT WAS UNDERLYIN | | | 21c. HOW INJURY OCCURR | | injury in Part 1 of Pa | arī 2, 11em 18.) | |
| ICIA Dital Dital Dital Dital | MEDICAL | OR CONTRIBUTING | | Manth Day Yeor | | | | | |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove action pashould be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within | ME | | | | ORY.) 21f. LOCATION Street ar | R.F.D. Na. | City ar Tawn | Caunty | State |
| ING by the ter ter | | 22a. I certify that (I) (th | is hospital) atte | ended the decease | d from 1/17 | , 19 <u>69</u> , to | 1/22 | , 1969 , tl | hat (I) (we) la |
| TO HOSPITAL OR ATTENDING Poge 4 moy be retained by t TO FUNERAL DIRECTOR: After director, poge 3 should be a should be filed with the State | | saw the deceased a couses stoted above | live on | 1/22 | and that in (my) | (our) apinion de | ath occurred on t | he date ond ho | our and from th |
| ATT ATT Showith with | | 22b. SIGNATURE | 101 | 4 | | 4450 | 67.55 | 22c. DATE SIGNED | |
| OR be be 3 3 de 3 | | Carus | ed A | so MD | DEGREE PHYS. | MED. DIRECTOR | STAFF PHYS. | 1/22 | 169 |
| ITAL moy tal pog be fi | | 22d. PHYSICIAN'S NAME (Type) EDWA | LOTO 1. | 100 MI | 22e. ADDRESS | | COME | | |
| OSP JNE ctor, | 22- | Low | | | | | CRICE, | Me | |
| Pog H | 230. | BURIAL, CREMATION, 23b. I REMOVAL (Specify) Emoval Burial | 25 JAN 69 | RISANS | EMETERY OF CREMATORY | tery Re | cation (City or Town) | (County) | (State) |
| | | FUNERAL DIRECTOR | | ADDRESS | 250 | A NC DEY 4 EGISTE | | TRAR'S SIGNATURE | |
| VR A15 (4) 45M - 1/69 | 1 | mith B. Gun | Tarr | ing Funera | Home Tool | AN 24 18 | 109 | wees your | ge : |

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